

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002781

Entity Name: APOLLO PHARMACEUTICALS USA INC.**Current Principal Place of Business:**4400 PGA BLVD. #102
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4400 PGA BLVD. #102
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 35-2586427**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	ACHARYA, MAHEN
Address	4400 PGA BLVD. #102
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	ACHARYA, SAMIR
Address	4400 PGA BLVD. #102
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	ACHARYA, RITESH
Address	4400 PGA BLVD. #102
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	P
Name	ELLIS, GREGORY J
Address	4400 PGA BLVD. #102
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR OF FINANCE
Name	NIEWLAND, SCOTT
Address	4400 PGA BLVD. #102
City-State-Zip:	PALM BEACH GARDENS FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT NIEWLAND**DIRECTOR OF FINANCE****07/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date