

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005382

FILED
Feb 25, 2011
Secretary of State

Entity Name: APOLLO HEALTH STREET INC.

Current Principal Place of Business:

2 BROAD STREET
SUITE 603
BLOOMFIELD, NJ 07003

New Principal Place of Business:

Current Mailing Address:

2 BROAD STREET
SUITE 603
BLOOMFIELD, NJ 07003

New Mailing Address:

FEI Number: 51-0437897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: FERREL, KARREN
Address: 2 BROAD STREET, SUITE 603
City-St-Zip: BLOOMFIELD, NJ 07003

Title: VP
Name: SEN, ARNAB
Address: 2 BROAD STREET, SUITE 603
City-St-Zip: BLOOMFIELD, NJ 07003

Title: SEC
Name: REDDY, SHILPA
Address: 2 BROAD STREET, SUITE 603
City-St-Zip: BLOOMFIELD, NJ 07003

Title: TREA
Name: CHOPRA, RAMESH
Address: 2 BROAD STREET
City-St-Zip: BLOOMFIELD, NJ 07003

Title: DIR
Name: AMOS, JOHN
Address: 2 BROAD STREET, SUITE 603
City-St-Zip: BLOOMFIELD, NJ 07003

Title: DIR
Name: REDDY, DEEPAK
Address: 2 BROAD STREET, SUITE 603
City-St-Zip: BLOOMFIELD, NJ 07003

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: RAMESH CHOPRA

TREA

02/25/2011

Electronic Signature of Signing Officer or Director

Date