

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006811

FILED
May 01, 2009
Secretary of State

Entity Name: APOLLOMD PHYSICIAN SERVICES FL, LLC

Current Principal Place of Business:

5665 NEW NORTHSIDE DR.
SUITE 320
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

5665 NEW NORTHSIDE DR.
SUITE 320
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 43-2020059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOLISTER, MICHAEL J
1112 KELTON BLVD.
GULF BREEZE, FL 32563 US

Name and Address of New 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: JENNIFER F. AULTMAN

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOLISTER, MICHAEL J
Address: 1112 KELTON BLVD
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: APOLLOMD BUSINESS SERVICES, LLC
Address: 5665 NEW NORTHSIDE DRIVE, STE. 320
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOAN CATALANO

CORP

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date