

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006811

FILED
Apr 01, 2010
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 ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

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

I hereby 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 PARKER

FILE

04/01/2010

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