

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019762

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** APOLLO HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

1401 SE GOLDTREE DRIVE  
SUITE 101  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1401 SE GOLDTREE DRIVE  
SUITE 101  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 06-1680127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ACHARYA, NAVIN  
1401 SE GOLDTREE DRIVE  
SUITE 101  
PORT ST. LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S  
Name: ACHARYA, NAVIN  
Address: 10032 SOUTH US1, SUITE 17A  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D  
Name: DOSHI, SUDHI  
Address: 2010 NE 45TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: NAVIN ACHARYA

MR

03/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date