

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128982

Entity Name: APOGEE HEALTH CARE, INC

FILED
Feb 10, 2011
Secretary of State

Current Principal Place of Business:

5300 W. ATLANTIC AVE., STE 501
DELRAY BEACH, FL 334848100

New Principal Place of Business:

5300 W. ATLANTIC AVE., STE 501
SUITE 501
DELRAY BEACH, FL 33484 US

Current Mailing Address:

5300 W. ATLANTIC AVE., STE 501
DELRAY BEACH, FL 334848100

New Mailing Address:

5300 W. ATLANTIC AVENUE
501
DELRAY BEACH, FL 334848100 US

FEI Number: 26-1510453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, MATTHEW A MR.
100 E LINTON BLVD STE 403-B
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

GALANG, NILO D
7532 EAGLE POINT DRIVE
DELRAY BEACH, FL 33446 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: NILO GALANG

02/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GALANG, NILO D
Address: 5300 W. ATLANTIC AVE., STE 501
City-St-Zip: DELRAY BEACH, FL 334848100 US

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: NILO GALANG

P

02/10/2011

Electronic Signature of Signing Officer or Director

Date