FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078943 (4)

APOLLO HEALTHCARE SERVICES, INC.

| Principal Place of Business | | | Mailing Address | | | | . LEGUIDOS INO INITE INITE INTERNITORES I | EKAP ARRIBA DINING PININ | I DIDDE LIKE TORI |
|---|------------------------|----------------|-----------------------------|--------|---------------------------|------------------------|--|--------------------------|-------------------|
| 5930 FROND | ***** | 593 | 5930 FROND WAY | | | | | | |
| APOLLO BEACH FL 33572 | | | APOLLO BEACH FL 33572 US | | | | DO NOT WRITE IN THIS SPACE | | |
| 00 | | Uð | | | | | 3. Date Incorporated or Qualified | THIS STACE | |
| | | | | | | | 10/06/1995 | | |
| 2. Principal P | lace of Business | 20. | Mailing Address | | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | | 65-0616641 | | Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | ¬ \$8.7 | 5 Additional |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | | e Required |
| City & Stat | θ | | City & State | | | | 6. Election Campaign Financing | \$5. | 00 May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | led to Fees |
| Zip | Country | | · — | | untry | • | 8. This corporation owes or has paid the | | |
| 24 | 25] | 29 29 20 10 to | | 30 | т | | Personal Property Tax due June 30. | | ∐ No |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of I | | | tered Agent | |
| PYLE, TERRENCE F | | | | | | IVAIIIO | | | - |
| 707 DEL WEBB BOULEVARD | | | 82 | | | Street Addre | ss (P.O. Box Number is Not Acceptable) | | |
| 50 | N CITY CENTER FL 33573 | | | | | | | | |
| | | | | | 83 | | | | |
| | | | | | 84 | City | | 85 4 | Zip Code |
| 11 Pursuant to the provisions of Sections 607 0509 and 607 1509 Classes Control of | | | | | | Domod corn | vention authority this plateur out for the | FL °° | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered | | | | | | | | | t as registered |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | _ |
| SIGNATURE Signature, typed or provind name of registered agent and title if applicable (NOTE Registered Agent signature regulated when reinstating) DATE | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 13 | | | | | นามูอ | int algrishme regioner | ADDITIONS/CHANGES TO OFFICERS | | TORS IN 12 |
| TITLE | DPST | | DELETE | 1.1 T | ITLE | | ABBITTOTO, OF IT INGEST TO OFF TOETH | ☐ Chan | |
| NAME | Kearney, Karen e. | | | 1.2 N | AME | İ | | _ | . – |
| STREET ADDRESS | 911 CHIPAWAY DRIVE | | | 1.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | APOLLO BEACH FL | | 1.41 | | | T-ZIP | | | |
| TITLE | ٧ | | DELETE 2.1 TO | | ITLE | | | ☐ Chan | ge 🔲 Addition |
| NAME | ASHLEY, CHRISTOPHER D |). | | 2 2 N | AME | ļ | | | |
| STREET ADDRESS | 3414 BENT OAK ST. | | 2.3 | | | ADDRESS | | | i |
| CITY-ST-ZIP | VALRICO FL | | | 2.40 | ITY-S | ST-ZIP | | 4 | |
| TATLE | | | DELETE 3.1 | | TLE | | | ☐ Chan | ge Addition |
| NAME | | | | 3.2 N | AME | | | | ļ |
| STREET ADDRESS | | | | 3.3 S | TREET . | ADDRESS | | | |
| CITY-ST-ZIP | | | | | ITY-S | IT-ZIP | | | |
| TITLE | | | [_] DELETE | 4.1 TI | | | | ☐ Chan | ge 🔲 Addition |
| NAME | | | | 4.2 N | AME | | | | |
| STREET ADDRESS | | | | 4.3 \$ | TREET | ADDRESS | | | ŀ |
| CITY-ST-ZIP | | | | | ITY - S1 | T-ZIP | | | |
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| NAME | | | | 52 N | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | Devere | | TY-SI | r-zip | | | |
| TITLE | | | ☐ DELETE | 6.1 TI | | | | L Chang | ge 🔲 Addition |
| NAME | | | | 6.2 N | AME | | | | |

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.