

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000078943

1. Entity Name
APOLLO HEALTHCARE SERVICES, INC.



Principal Place of Business
**5940 FROND WAY
APOLLO BEACH, FL 33572 US**

Mailing Address
**5940 FROND WAY
APOLLO BEACH, FL 33572 US**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0616641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PYLE, TERRENCE F
707 DEL WEBB BOULEVARD
SUN CITY CENTER, FL 33573**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KEARNEY, KAREN E.
STREET ADDRESS	809 GOLF SEA BLVD #A4
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	V
NAME	ASHLEY, CHRISTOPHER D.
STREET ADDRESS	4714 NEWBOURNE WAY
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000022632
01/30/04-80052-023 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen E. Kearney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen E. Kearney
DPST

1/27/04
Date

813.641-0066
Daytime Phone #