

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078943

Entity Name: APOLLO HEALTHCARE SERVICES, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

5940 FROND WAY
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

5940 FROND WAY
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 65-0616641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYLE, TERRENCE F
707 DEL WEBB BOULEVARD
SUN CITY CENTER, FL 33573 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: DPST () Delete
Name: KEARNEY, KAREN E.
Address: 809 GOLF SEA BLVD #A4
City-St-Zip: APOLLO BEACH, FL 33572

Title: V () Delete
Name: ASHLEY, CHRISTOPHER D.
Address: 4714 NEWBOURNE WAY
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN KEARNEY

PRES

04/19/2007

Electronic Signature of Signing Officer or Director

Date