

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
Secretary of State**

DOCUMENT# P03000019762

Entity Name: APOLLO HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

10032 SOUTH US1
SUITE 17
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: ACHARYA, NAVIN

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04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date