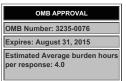
FORM D

Notice of Exempt Offering of Securities

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.



1. Issuer's Identity		
CIK (Filer ID Number)	Previous Name(s) 🔲 None	Entity Type
0001083446	SICLONE INDUSTRIES	Corporation
Name of Issuer		C Limited Partnership
Apollo Medical Holdings, Inc.		C Limited Liability Company
Jurisdiction of Incorporation/Organization		C General Partnership
DELAWARE		C Business Trust
Year of Incorporation/Organizat	tion	C Other
 Over Five Years Ago 		1
© Within Last Five Years (Specify Year)		

- C Yet to Be Formed
- 2. Principal Place of Business and Contact Information
 Name of Issuer

Apollo Medical Holdings, Inc.			
Street Address 1		Street Address 2	
700 N. BRAND BLVD.		SUITE 220	
City	State/Province/Country	y ZIP/Postal Code	Phone No. of Issuer
GLENDALE	CALIFORNIA	91203	818-396-8050

3. Related Persons

Relationship:

Executive Officer

Last Name	First Name		Middle Name
Francis	Kyle]
Street Address 1	-	Street Address 2	
700 North Brand Blvd.		Suite 220	
City	State/Province/Cou	intry	ZIP/Postal Code
Glendale	CALIFORNIA		91203
Relationship: Execu	tive Officer	Director	Promoter
Clarification of Response (if Necessar	y)		
Executive Vice President, Chief Fina	ncial Officer and Sec	retary	
1			
Last Name	First Name		Middle Name
Hosseinion	Warren		
Street Address 1		Street Address 2	-
Apollo Medical Holdings, Inc.		700 N. Brand Bl	vd., Suite 220
City	State/Province/Cou	intry	ZIP/Postal Code
Glendale	CALIFORNIA		91203

Director

Promoter

Clarification	of	Response	(if	Necessary)
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Chief Executive Officer					
Last Name		First Name		Middle Name	
Schmidt		Dave		G.	
Street Address 1		1	Street Address		1
Apollo Medical Holdi	ings, Inc.		<u></u>	Blvd., Suite 220	
City		State/Province/		ZIP/Postal Code	1
Glendale		CALIFORNI	A	91203	
Relationship:	Execut	ive Officer	Director	Promoter	
Clarification of Response	e (if Necessary	i)			
Last Name		First Name		Middle Name	
Nihalani		Suresh			
Street Address 1			Street Address	2	
Apollo Medical Holdi	ings, Inc.		700 N. Brand	Blvd., Suite 220	
City		State/Province/	Country	ZIP/Postal Code	
Glendale		CALIFORNI	A	91203	
Relationship:	Execut	ive Officer	Director	Promoter	
Last Name		First Name		Middle Name	
Meyers		Mark			
Street Address 1	ingo Ino]	Street Address	² Blvd., Suite 220	
Apollo Medical Holdi	ings, Inc.		<u>L</u>		
City		State/Province/		ZIP/Postal Code	
Glendale		CALIFORNL	A	91203	
Relationship:	Execut	ive Officer	Director	Promoter	
Clarification of Response	e (if Necessary	<i>i</i>)			
Last Name		First Name		Middle Name	
Schreck		Ted			
Schreck Street Address 1		Ted	Street Address	2	
	ings, Inc.	Ted		2 Blvd., Suite 220	
Street Address 1	ings, Inc.	State/Province/	700 N. Brand		
Street Address 1 Apollo Medical Holdi	ings, Inc.		700 N. Brand Country	Blvd., Suite 220	
Street Address 1 Apollo Medical Holdi City Glendale		State/Province/	Country A	Blvd., Suite 220 ZIP/Postal Code 91203	
Street Address 1 Apollo Medical Holdi City		State/Province/	700 N. Brand Country	Blvd., Suite 220 ZIP/Postal Code	
Street Address 1 Apollo Medical Holdi City Glendale	Execut	State/Province// CALIFORNL ive Officer	Country A	Blvd., Suite 220 ZIP/Postal Code 91203	

Last Name	First Name	Middle Name
Augusta	Gary	

Street Address 1	Street Address 2
Apollo Medical Holdings, Inc.	700 N. Brand Blvd., Suite 220
City State/Province/Cou	intry ZIP/Postal Code
Glendale	91203
Relationship: Executive Officer	Director Promoter
Clarification of Response (if Necessary)	

Last Name	First Name		Middle Name
Creem	Mitch		
Street Address 1		Street Address 2	
Apollo Medical Holdings, Inc.		700 N. Brand Bly	vd., Suite 220
City	State/Province/Co	ountry	ZIP/Postal Code
Glendale	CALIFORNIA		91203
Relationship:	utive Officer	Director	Promoter Promoter
Clarification of Response (if Necessar	ry)		

4. Industry Group

C Agriculture

Banking & Financial Services

- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking
- C Pooled Investment Fund
- Other Banking & Financial C Services

C Business Services

Energy

- C Coal Mining C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

5. Issuer Size

Revenue Range

- C No Revenues
- C \$1 - \$1,000,000
- C \$1,000,001 - \$5,000,000
- C \$5,000,001 - \$25,000,000
- C \$25,000,001 - \$100,000,000
- C Over \$100,000,000
- Decline to Disclose
- C Not Applicable

Health Care

C Biotechnology

C Manufacturing

Real Estate

0

C

C Commercial

C Residential

Construction

C Other Real Estate

REITS & Finance

- C Health Insurance
- C Hospitals & Physicians
- C Pharmaceuticals
- Other Health Care

- C Airlines & Airports
- C Lodging & Conventions

C

C

Aggregate Net Asset Value Range

- C No Aggregate Net Asset Value
 - \$1 \$5,000,000
 - \$5,000,001 \$25,000,000
- 0 \$25,000,001 - \$50,000,000
- 0 \$50,000,001 - \$100,000,000
- C Over \$100,000,000
- C Decline to Disclose
- 0 Not Applicable

C Retailing

C Restaurants

Technology

- C Computers
- **C** Telecommunications
- C Other Technology

Travel

- C Tourism & Travel Services
- C Other Travel
- C Other

6.	Federal	Exemption(s)	and Exclusion(s)	Claimed	(select	all f	that
ap	oply)						

Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505		
Rule 504 (b)(1)(i)	Rule 506(b)		
Rule 504 (b)(1)(ii)	□ Rule 506(c)		
Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)		
	Investment Company Act Section 3(c)		

7.	Type of Fi	ling		
•	New Notice	Date of First Sale	2014-03-28	First Sale Yet to Occur

Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year?

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9. Type(s) of Securities Offered (select all that apply)

Γ	Pooled Investment Fund Interests	•	Equity
Γ	Tenant-in-Common Securities	$\mathbf{\nabla}$	Debt
Γ	Mineral Property Securities	•	Option, Warrant or Other Right to Acquire Another Security
•	Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Г	Other (describe)

10. Business Combination Transaction								
Is this offering being made in connection with a business combination C Yes No transaction, such as a merger, acquisition or exchange offer?								
Clarification of Response (if Necessary)								
11. Minimum Investment								
Minimum investment accepted from any outside \$ 1000 USD								
investor	[]							
12. Sales Compensation								
Recipient	Recipient CRD Number 🔲 None							
(Associated) Broker or Dealer 🔲 None	(Associated) Broker or Dealer CRD None							
Street Address 1	Street Address 2							
City	State/Province/Country ZIP/Postal Code							
State(s) of Solicitation	All States							

13. Offering and Sales Amounts

Total Offering Amount \$ 2000000 USD □ Indefinite							
Total Amount Sold \$ 2000000 USD							
Total Remaining to be \$ 0 USD □ Indefinite							
Clarification of Response (if Necessary)							
Charincauon of Response (n Necessary)							
14. Investors							
·							
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering							
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:							
15. Sales Commissions & Finders' Fees Expenses Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an							
expenditure is not known, provide an estimate and check the box next to the amount.							
Sales Commissions \$ 0 USD Estimate							
Finders' Fees \$ 0 USD Estimate							
Clarification of Response (if Necessary)							
16. Use of Proceeds							
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.							
\$ 0 USD Estimate							
Clarification of Response (if Necessary)							
Signature and Submission							

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
 described and undertaking to furnish them, upon written request, the information furnished to
 offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in which the state is such as the state in which the state in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains is principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Apollo Medical Holdings, Inc.	/s/ Kyle Francis	Kvle Francis	Chief Financial Officer	2014-04-11