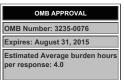
## FORM D

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 Inc.	Corporation
Name of Issuer	SICLONE INDUSTRIES	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/Organizati	on	C Other
<ul> <li>Over Five Years Ago</li> </ul>		
C Within Last Five Years (Specify Year)		

• Yet to Be Formed

GLENDALE

 2. Principal Place of Business and Contact Information

 Name of Issuer

 Apollo Medical Holdings, Inc.

 Street Address 1

 Street Address 2

 700 NORTH BRAND BLVD.,

 City
 State/Province/Country

 ZIP/Postal Code
 Phone No. of Issuer

91203

818-396-8050

CALIFORNIA

# 3. Related Persons

Last Name	First Name	Middle Name
Hosseinion	Warren	
Street Address 1	Street Address 2	
700 NORTH BRAND BLVD.,	SUITE 1400	
City	State/Province/Country	ZIP/Postal Code
GLENDALE	CALIFORNIA	91203
Relationship: Execut	ive Officer Director	Promoter

Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
Yu	Li	]
Street Address 1	Street Address 2	
700 NORTH BRAND BLVD.,	SUITE 1400	
City	State/Province/Country	ZIP/Postal Code
GLENDALE	CALIFORNIA	91203
Relationship: Execu	tive Officer Director	Promoter

Clarification of Response (if Necessary)

Last Name		First Name		Middle Name	
Sim		Kenneth			
Street Address 1			Street Addre	ss 2	
700 NORTH BRANI	D BLVD.,		SUITE 140	0	
City		State/Province	/Country	ZIP/Postal Code	
GLENDALE		CALIFORN	[A	91203	
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Response	e (if Necessar	y)			_
Last Name		First Name		Middle Name	
Ang		Hing			
Street Address 1			Street Addre	ss 2	
700 NORTH BRANI	D BLVD.,	]	SUITE 140	0	٦
City		State/Province	/Country	ZIP/Postal Code	_
GLENDALE		CALIFORN	-	91203	
L		J [			
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Response	e (if Necessar	y)			_
Last Name		First Name		Middle Name	
Fawcett		Mark			
Street Address 1			Street Addre	ss 2	
700 NORTH BRANI	) BLVD.,		SUITE 140	0	
City		State/Province	/Country	ZIP/Postal Code	
GLENDALE		CALIFORN	[A	91203	
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Response	e (if Necessar	y)			_
Last Name		First Name		Middle Name	
Lam		Thomas			
Street Address 1			Street Addre	ss 2	
700 NORTH BRANI	D BLVD.,		SUITE 140	0	
City		State/Province	/Country	ZIP/Postal Code	
GLENDALE		CALIFORN	IA	91203	
Relationship:			Director	Promoter	
L	(Provens)	tive Officer	Director	1	
Clarification of Response	(Provens)				_
Clarification of Response	(Provens)			Middle Name	-
	(Provens)	y)			_
Last Name	(Provens)	y) First Name	Street Addre	Middle Name	_

CALIFOR CALIFOR Executive Officer (if Necessary) First Name Mitchell BLVD., State/Province CALIFOR CALIFOR (if Necessary)	Street Address Street Address Street Address	91203     Promoter     Middle Name     2     ZIP/Postal Code     91203     Promoter	
(if Necessary) First Name Mitchell BLVD., State/Provinc CALIFORN Executive Officer	Street Address : Street Address : SUITE 1400 ce/Country NIA	Middle Name 2 ZIP/Postal Code 91203	
(if Necessary) First Name Mitchell BLVD., State/Provinc CALIFORN Executive Officer	Street Address : Street Address : SUITE 1400 ce/Country NIA	Middle Name 2 ZIP/Postal Code 91203	
First Name          First Name         Mitchell         BLVD.,         State/Province         CALIFORN         Executive Officer	SUITE 1400 Sec/Country NIA	2 ZIP/Postal Code 91203	
BLVD., State/Provinc CALIFOR Executive Officer	SUITE 1400 Sec/Country NIA	2 ZIP/Postal Code 91203	
BLVD., State/Provinc CALIFOR Executive Officer	SUITE 1400 Sec/Country NIA	2 ZIP/Postal Code 91203	
BLVD., State/Provinc CALIFOR Executive Officer	SUITE 1400 Sec/Country NIA	2 ZIP/Postal Code 91203	
BLVD., State/Provinc CALIFOR Executive Officer	SUITE 1400 Sec/Country NIA	ZIP/Postal Code	
State/Provinc	SUITE 1400 Sec/Country NIA	ZIP/Postal Code	
State/Provinc	ce/Country	91203	
Executive Officer	NIA	91203	
Executive Officer			
· · · · ·	Director	Promoter	
· · · · ·	Director	Promoter	
(if Necessary)			
x 0/			
			—
First Name		Middle Name	
	Street Address	2	
RI VD			
		ZID/Destal Cade	
		91203	
Encerting Officer	Director	D Decementary	
Executive Officer	Director	Promoter	
(if Necessary)			
First Name		Middle Name	
Michael			
	Street Address	2	
BLVD.,	SUITE 1400		
State/Provinc	ce/Country	ZIP/Postal Code	
CALIFORM	NIA	91203	
Executive Off	Director	Promoter	
Executive Officer	(Nerrol)	4	
Executive Officer			
(if Necessary)			
		Middle Name	
(if Necessary)		Middle Name	
(if Necessary) First Name	Street Address		
(if Necessary) First Name	Street Address		
(if Necessary) First Name	<b>SUITE 1400</b>		
(if Necessary) First Name Adrian	SUITE 1400	2	
(if Necessary) First Name Adrian BLVD., State/Provinc	SUITE 1400	2 ZIP/Postal Code	
	■       Mihir         BLVD.,       State/Provinc         ■       CALIFOR:         ■       Executive Officer         (if Necessary)       First Name         ■       Michael         BLVD.,       State/Provinc	Mihir   Street Address   BLVD.,   State/Province/Country   CALIFORNIA     Executive Officer   Director   (if Necessary)   First Name     Michael   Street Address	Mihir   Street Address 2   BLVD.,   State/Province/Country   ZIP/Postal Code   Quantity   CALIFORNIA   91203     First Name   Middle Name   Michael   Street Address 2   BLVD.,   State/Province/Country   ZIP/Postal Code

arification	of	Response	(if	Necessary)	)
	arification	arification of	arification of Response	arification of Response (if	arification of Response (if Necessary)

Last Name	First Name			Middle Name	
Young		Albert			
Street Address 1			Street Address 2		
700 NORTH BRAND	BLVD.,		<b>SUITE 1400</b>		
City		State/Province/C	Country	ZIP/Postal Code	
GLENDALE		CALIFORNIA		91203	
Relationship:	Execut	ive Officer	Director	Promoter	
Last Name		First Name		Middle Name	
Schmidt		David		]	
Street Address 1			Street Address 2	1	
700 NORTH BRAND	BLVD.,		<b>SUITE 1400</b>		
City		State/Province/C	Country	ZIP/Postal Code	
GLENDALE		CALIFORNIA		91203	
Relationship:	Execut	ive Officer	Director	Promoter	

Clarification of Response (if Necessary)

# 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

## Health Care

C Manufacturing

**Real Estate** 

C

C Commercial

C Residential

Construction

C REITS & Finance

O Other Real Estate

- C BiotechnologyC Health Insurance
- C Hospitals & Physicians
   C Pharmaceuticals

• Other Health Care

C Restaurants

C Retailing

- Technology
  - C Computers
  - C Telecommunications
  - O Other Technology

#### Travel

- C Airlines & Airports
- C Lodging & Conventions
- C Tourism & Travel Services
- C Other Travel
- C Other

5. Issuer Size

#### Revenue Range

- C No Revenues
- C \$1 \$1,000,000
- C \$1,000,001 \$5,000,000
- \$5,000,001 \$25,000,000
- \$25,000,001 \$100,000,000
- C Over \$100,000,000
- Decline to Disclose

#### Aggregate Net Asset Value Range

- C No Aggregate Net Asset Value
- \$1 \$5,000,000
- C \$5,000,001 \$25,000,000
- C \$25,000,001 \$50,000,000
- \$50,000,001 \$100,000,000
- C Over \$100,000,000
- C Decline to Disclose

	6. Federal Exemption(s) and Exclusion(s) Claimed (select all that						
apply)							
	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)				
Γ	Rule 504 (b)(1)(iii)		Securities Act Section 4	(a)(5)			
			Investment Company A	Let Section 3(c)			
			·				

2012-10-29

7	Type	of	Filing	
1.	Type	UI.	i mig	

✓ New Notice Date of First Sale

First Sale Yet to Occur

I Amendment

# 8. Duration of Offering

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

C Yes © No

9. Type(s) of Securities Offered (s	elect all that apply)					
Pooled Investment Fund Equity						
Tenant-in-Common Securities 🔲 Debt						
Mineral Property Securities Option, Warra Acquire Anoth	nt or Other Right to er Security					
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other (describe)	e)					
Warrants to I	Purchase Common Stock					
10. Business Combination Transa	ction					
Is this offering being made in connection with a business c transaction, such as a merger, acquisition or exchange offer	Vos No					
Clarification of Response (if Necessary)						
11. Minimum Investment						
Minimum investment accepted from any outside \$	USD					
12. Sales Compensation						
Recipient	Recipient CRD Number					
Syndicated Capital, Inc.	29037					
(Associated) Broker or Dealer 🔲 None	(Associated) Broker or Dealer CRD 🔲 None					
Syndicated Capital, Inc.	29037					

 Street Address 1
 Street Address 2

 I299 OCEAN AVENUE, SECOND FLOOR
 I

 City
 State/Province/Country
 ZIP/Postal Code

 SANTA MONICA
 O401

13. Offering and Sales Amounts
Total Offering Amount \$ 200452 USD 🗌 Indefinite
Total Amount Sold \$ 200452 USD
Total Remaining to be s 0 USD 🗆 Indefinite
Clarification of Response (if 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 \$ 68825 USD Estimate
Finders' Fees \$ 0 USD Estimate
Clarification of Response (if Necessary)
The sales commissions were in the form of warrants to purchase 10,000 shares of the Issuer's common stock and 2,000 shares of the Issuer's restricted common stock.
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 subject 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 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 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
- 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
- 11	Apollo Medical Holdings, Inc.	/s/ Warren Hosseinion	Warren Hosseinion	Co-Chief Executive Officer	2018-01-11