

Street Address 1

GLENDALE

700 N. BRAND BLVD.

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

Phone No. of Issuer

818-396-8050

1. Issuer's Identity		
CIK (Filer ID Number)	Previous Name(s) None	Entity Type
0001083446	Siclone Industries Inc	© Corporation
Name of Issuer	SICLONE INDUSTRIES INC	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/Organiza	tion	C Other
ⓒ Over Five Years Ago		
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 2

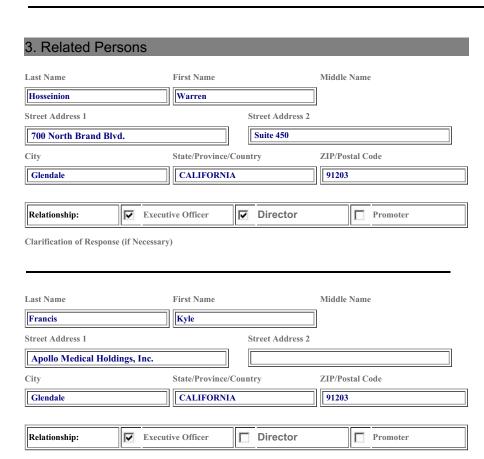
ZIP/Postal Code

91203

SUITE 450

State/Province/Country

CALIFORNIA



CFO							
ast Name First Name		First Name			Middle	Name	
Schreck		Ted					
Street Address 1			S	Street Address 2			
Apollo Medical Holo	lings, Inc.			700 N. Brand B	lvd., Suit	e 450	
City		State/Province	/Coun	try	ZIP/Po	stal Code	
Glendale		CALIFORNI	[A		91203	3	
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Relationship:	Execut	tive Officer	V	Director		Promoter	
Clarification of Respon	se (if Necessary	y)					
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Last Name		First Name			Middle	Name	
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Apollo Medical Holo	lings, Inc.			700 N. Brand B	lvd., Suit	e 450	
City		State/Province	/Coun	try	ZIP/Po	stal Code	
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Relationship:	Execut	tive Officer	V	Director		Promoter	
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City		State/Province/	/Coun	try	ZIP/Po	stal Code	
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Street Address 1			2	Street Address 2			

Apollo Medical Holo	dings, Inc.	700 N. Bran	d Blvd., Suite 450
City	State/Provin	ce/Country	ZIP/Postal Code
Glendale	CALIFOR	NIA	91203
Relationship:	Executive Officer	Director	Promoter
Clarification of Respon	se (if Necessary)		
4. Industry Gr	oup		
•	Health	Care	Retailing
Agriculture		iotechnology	Retaining
Banking & Financia	(C) H	ealth Insurance	© Restaurants
C Commercial Ba	0.00	ospitals & Physicians	S Technology
C Insurance		harmaceuticals	C Computers
C Investing C Investment Ban	76-61	ther Health Care	© Telecommunications
C Investment Ban C Pooled Investm			Other Technology
Other Banking			
C Services	& Financial Manuf	acturing	Travel
Business Services	Real E	· ·	C Airlines & Airports
Energy	7020	ommercial	C Lodging & Conventions
C Coal Mining	7020	onstruction	C Tourism & Travel Services
C Electric Utilitie	s C R	EITS & Finance	Other Travel
C Energy Conserv	vation C R	esidential	Other Other
C Environmental	Services C O	ther Real Estate	
C Oil & Gas			
C Other Energy			
5. Issuer Size			
Revenue Range		100	t Asset Value Range
No Revenues		C No Ag	ggregate Net Asset Value
\$1 - \$1,000,000		C \$1 - \$5	5,000,000
\$1,000,001 - \$5,	000,000	C \$5,000	0,001 - \$25,000,000
\$5,000,001 - \$25	5,000,000	C \$25,00	00,001 - \$50,000,000
\$25,000,001 - \$1	100,000,000	C \$50,00	00,001 - \$100,000,000
Over \$100,000,0	000	C Over S	\$100,000,000
Decline to Discl	lose	C Declin	ne to Disclose
O Not Applicable		-	pplicable
Phienote		110013	
0.5.1			21.1.1/
Federal Ex	emption(s) and E	xclusion(s) C	Claimed (select all that
Rule 504(b)(1) (n	tot (i), (ii)	ule 505	
apply) Rule 504(b)(1) (n or (iii))	R		
apply) Rule 504(b)(1) (nor (iii)) Rule 504 (b)(1)(i		ule 506(b)	
Rule 504(b)(1) (n or (iii))			
apply) Rule 504(b)(1) (nor (iii)) Rule 504 (b)(1)(i		ule 506(b)	4(a)(5)

7. Type of Filing

New Notice Date of First Sale 2012-12-21 First Sale Yet to Occur
Amendment
8. Duration of Offering
Does the Issuer intend this offering to last more than one year? O Yes No
9. Type(s) of Securities Offered (select all that apply)
— Pagled Investment Fund
Interests Equity Tenant-in-Common Securities Debt
Mineral Property Securities Option, Warrant or Other Right to
Security to be Acquired Upon
Exercise of Option, Warrant or Other (describe) Other Right to Acquire
Security
10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No
Clarification of Response (if Necessary)
11. Minimum Investment
Minimum investment accepted from any outside investor S S S USD
12. Sales Compensation
Recipient Recipient CRD Number None
Syndicated Capital Inc. 29037
(Associated) Broker or Dealer None Number None None
Street Address 1 Street Address 2
1299 OCEAN AVE. 2ND
City State/Province/Country ZIP/Postal Code
SANTA MONICA CALIFORNIA 90401
State(s) of Solicitation All States Foreign/Non-US
CALIFORNIA
13. Offering and Sales Amounts
Total Offering Amount \$ \[\begin{align*} \text{I500000} & \text{USD} & \text{Indefinite} \\
Total Offering Amount \$ \begin{align*} \text{1500000} & USD & \text{Indefinite} \\ Total Amount Sold & \text{530000} & USD & \text{Total Remaining to be}
Total Offering Amount \$ \begin{align*} \text{1500000} & USD & \propto \text{ Indefinite} \\ Total Amount Sold & \stackstackstackstackstackstackstackstack
Total Offering Amount \$ 1500000 USD ☐ Indefinite Total Amount Sold \$ 530000 USD Total Remaining to be \$ 970000 USD ☐ Indefinite

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 \$ 135000 USD **▼** Estimate Finders' Fees \$ □ Estimate Clarification of Response (if Necessary) Sales commission assumes offering is fully subscribed 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. **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 this notice is filed.
- 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	Kyle Francis	СГО	2012-12-28