


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000003818**

1. Entity Name  
**ALLIED HEALTH GROUP, INC.**



Principal Place of Business 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092	Mailing Address 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2155410	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS SHUMARD, KENNETH M 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUMARD, BRENDA JOYCE 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO GINTER, JIM 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO PRETIGER, MICHAEL 145 TECHNOLOGY PARKWAY NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 07/09/04-80004-011 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Pretise 7/7/04 770-797-2115