

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003818

**FILED**  
**Oct 19, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

145 TECHNOLOGY PARKWAY  
NORCROSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

145 TECHNOLOGY PARKWAY  
NORCROSS, GA 30092

**New Mailing Address:**

**FEI Number:** 58-2155410      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: TRACY MANGANELLI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CS      ( ) Delete  
Name: SHUMARD, KENNETH M  
Address: 145 TECHNOLOGY PARKWAY  
City-St-Zip: NORCROSS, GA 30092

Title: D      ( ) Delete  
Name: SHUMARD, BRENDA JOYCE  
Address: 145 TECHNOLOGY PARKWAY  
City-St-Zip: NORCROSS, GA 30092

Title: PCEO      ( ) Delete  
Name: GINTER, JIM  
Address: 145 TECHNOLOGY PARKWAY  
City-St-Zip: NORCROSS, GA 30092

Title: TCFO      ( ) Delete  
Name: PRETIGER, MICHAEL  
Address: 145 TECHNOLOGY PARKWAY  
City-St-Zip: NORCROSS, GA 30092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL PRETIGER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

10/19/2005

\_\_\_\_\_  
Date