

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000026690

**FILED**  
**Nov 09, 2010**  
**Secretary of State**

**Entity Name:** ALLIED HEALTHCARE SOLUTIONS, LLC.

**Current Principal Place of Business:**

4416 W BROWARD BLVD  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

810 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**Current Mailing Address:**

4416 W BROWARD BLVD  
PLANTATION, FL 33317 US

**New Mailing Address:**

810 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

FEI Number: 26-4500639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CANION, PAULINE V  
4416 W BROWARD BLVD  
PLANTATION, FL 33317 US

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

CANION, PAULINE V  
810 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

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: PAULINE CANION

11/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CANION, PAULINE V  
Address: 810 SOUTH STATE ROAD 7  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR  
Name: WILLIAMS-PIERRE, SHALIZ L  
Address: 810 SOUTH STATE ROAD 7  
City-St-Zip: PLANTATION, FL 33317 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHALIZ WILLIAMS-PIERRE

MRG

11/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date