

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026690

FILED
Apr 28, 2012
Secretary of State

Entity Name: ALLIED HEALTHCARE SOLUTIONS, LLC.

Current Principal Place of Business:

810 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

810 SOUTH STATE ROAD 7
PLANTATION, FL 33317 US

New Mailing Address:

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
810 SOUTH STATE ROAD 7
PLANTATION, FL 33317 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGR
Name: PIERRE, JOSEPH
Address: 810 SOUTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

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

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: PAULINE V CANION

MGR

04/28/2012

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