

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000045596 1. Corporation Name ALLIED HEALTHCARE ASSOCIATES, P.A.		
Principal Place of Business 17196 Alamanda Dr., West Sugarloaf Key, FL 33042-3708 US		Mailing Address 17196 Alamanda Dr., West Sugarloaf Key, FL 33042-3708

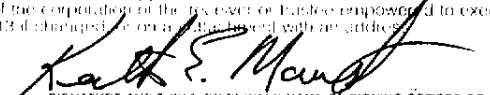
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 5/21/97	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27	28	29	30	4. FTT Number 23-2802407	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent Keith E. Maust 17196 Alamanda Dr., West Sugarloaf Key, FL 33042-3708				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (b)(1) (Required Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Keith E. Maust	12 NAME	
STREET ADDRESS	17196 Alamanda Dr., West	13 STREET ADDRESS	
CITY-ST-ZIP	Sugarloaf Key, FL 33042-3708	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this change of office or agent statement with an address.

SIGNATURE:  28 APR. 98 200-745-3102

CR2E034 (10/97)