

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90498 042 ***150.00

DOCUMENT # P97000045596

1. Entity Name
ALLIED HEALTHCARE ASSOCIATES, P.A.

Principal Place of Business
17196 ALAMANDA DRIVE WEST
SUGARLOAF KEY FL 33042-3708

Mailing Address
17196 ALAMANDA DRIVE WEST
SUGARLOAF KEY FL 33042-3708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1019 Flagler Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Key West, FL

City & State

4. FEI Number **23-2802407**

Applied For
Not Applicable

Zip
33040

Country
Monroe

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUST, KEITH E
17196 ALAMANDA DRIVE WEST
SUGARLOAF KEY FL 33042-3708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **(See criteria on back)**

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D	☐ Delete
NAME KEITH E MAUST	
STREET ADDRESS 17196 ALAMANDA DRIVE WEST	
CITY-ST-ZIP SUGARLOAF KEY FL 33042-3708	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
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CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith E. Maust, M.A., A.P., PRESIDENT* **KEITH E. MAUST** **27 MAR 2002** **1-305 293-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)