2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90032 030 ***150.00

DOCUMENT # P97000045596

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

Principal Place of Business	Mailing Address
1019 FLAGLER AVENUE KEY WEST, FL 33040	17196 ALAMANDA DRIVE WEST SUGARLOAF KEY, FL 33042-3708

01242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		406 AIRPORT DR. SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: SUMMERLAND KEY, FL	
Zip	Country	Zip: 33042-4421	Country: MONROE

4. FEI Number: 23-2802407 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: MAUST, KEITH E
Street Address (P.O. Box Number is Not Acceptable): 406 AIRPORT DR. SOUTH
City: SUMMERLAND KEY **FL** Zip Code: 33042-4421

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D KEITH E MAUST 17196 ALAMANDA DRIVE WEST SUGARLOAF KEY, FL 330423708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D KEITH E MAUST 406 AIRPORT DR. SOUTH SUMMERLAND KEY, FL 33042-4421	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith E. Maust Pres. Dent Dom. AD DA. KEITH E. MAUST PRESIDENT 24 JAN 2005 305-293-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #