2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2011
Secretary of State

DOCUMENT# P97000045596

Entity Name: ALLIED HEALTHCARE ASSOCIATES, P.A.

Current Principal Place of Business:

1019 FLAGLER AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

1019 FLAGLER AVENUE
KEY WEST, FL 330404815 US

Current Mailing Address:

406 AIRPORT DR. SOUTH
SUMMERLAND KEY, FL 330424421

New Mailing Address:

406 AIRPORT DR. SOUTH
SUMMERLAND KEY, FL 330424421 US

FEI Number: 23-2802407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAUST, KEITH E
406 AIRPORT DR. SOUTH
SUMMERLAND KEY, FL 330424421 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

OFFICERS AND DIRECTORS:

Title: P/D
Name: MAUST, KEITH E
Address: 406 AIRPORT DR. SOUTH
City-St-Zip: SUMMERLAND KEY, FL 330424421 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH E. MAUST PRES 01/28/2011

Electronic Signature of Signing Officer or Director — Date