

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026690

**Entity Name:** ALLIED HEALTHCARE SOLUTIONS, LLC.

**Current Principal Place of Business:**

4403 PETERS RD.  
PLANTATION, FL 33317

**Current Mailing Address:**

4403 PETERS RD.  
PLANTATION, FL 33317 US

**FEI Number: 26-4500639**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CANION, PAULINE V  
4403 PETERS RD.  
PLANTATION, FL 33317 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	CANION, MATTHEW	Name	CANION, PAULINE V
Address	4403 PETERS RD.	Address	4403 PETERS RD.
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

Title	MGR
Name	WILLIAM-PIERRE, SHALIZ L
Address	4403 PETERS RD.
City-State-Zip:	PLANTATION FL 33317

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAULINE CANION**

**MANAGER**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date