

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026690

Entity Name: ALLIED HEALTHCARE SOLUTIONS, LLC.

Current Principal Place of Business:

4416 WEST BROWARD BLVD
PLANTATION, FL 33317

Current Mailing Address:

4416 WEST BROWARD BLVD
PLANTATION, FL 33317 US

FEI Number: 26-4500639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANION, PAULINE V
4416 WEST BROWARD BLVD
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	4416 WEST BROWARD BLVD	Address	4416 WEST BROWARD BLVD
City-State-Zip:	PLANTATION FL 33317	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAULINE CANION

ADMINISTRATOR

05/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date