

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003818

1. Entity Name
ALLIED HEALTH GROUP, INC.



Principal Place of Business
**145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092**

Mailing Address
**145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2155410	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CS
SHUMARD, KENNETH M
145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHUMARD, BRENDA JOYCE
145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
GINTER, JIM
145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TCFO
PRETIGER, MICHAEL
145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000164802
07/09/04-80004-011 153.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 address, with all other like empowered.

SIGNATURE: Michael Pretise

7/7/04

770-797-2115