

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003818

1. Entity Name
ALLIED HEALTH GROUP, INC.



FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business
145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092

Mailing Address
145 TECHNOLOGY PARKWAY
NORCROSS, GA 30092



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2155410

Applied For
Not Applicable

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

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)

U00000956792
07/31/08-90005-004 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #