

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90037 019 ***150.00

DOCUMENT # F05000006676

1. Entity Name
ALLIED HEALTHCARE PRODUCTS, INC.



Principal Place of Business
**1720 SUBLETTE AVE
ST. LOUIS, MO 63110**

Mailing Address
**1720 SUBLETTE AVE
ST. LOUIS, MO 63110**

40070034



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

25-1370721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **WEIL, JOHN**
STREET ADDRESS **4550 PERSHING PL**
CITY-ST-ZIP **ST. LOUIS, MO 63108**

TITLE **DP** ☐ Delete
NAME **REFSLAND, EARL R**
STREET ADDRESS **1720 SUBLETTE AVE**
CITY-ST-ZIP **ST LOUIS, MO 63110**

TITLE **D** ☒ Delete
NAME **ROOT, JOSEPH E**
STREET ADDRESS **1381 AVERY ST**
CITY-ST-ZIP **MONTARA, CA 94037**

TITLE **VP** ☐ Delete
NAME **ROSENTRATER, ELDON**
STREET ADDRESS **1720 SUBLETTE AVE**
CITY-ST-ZIP **ST. LOUIS, MO 67110**

TITLE **ST** ☐ Delete
NAME **DUNN, DANIEL C**
STREET ADDRESS **1720 SUBLETTE AVE**
CITY-ST-ZIP **ST. LOUIS, MO 63110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

DANIEL C DUNN

Date

Daytime Phone #

4/18/08 (314) 268-1676
VP-FINANCE