

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006676

FILED
Apr 19, 2012
Secretary of State

Entity Name: ALLIED HEALTHCARE PRODUCTS, INC.

Current Principal Place of Business:

1720 SUBLETTE AVE
ST. LOUIS, MO 63110

New Principal Place of Business:

Current Mailing Address:

1720 SUBLETTE AVE
ST. LOUIS, MO 63110

New Mailing Address:

FEI Number: 25-1370721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: WEIL, JOHN
Address: 4550 PERSHING PL
City-St-Zip: ST. LOUIS, MO 63108

Title: DP
Name: REFSLAND, EARL R
Address: 1720 SUBLETTE AVE
City-St-Zip: ST LOUIS, MO 63110

Title: VP
Name: ROSENTRATER, ELDON
Address: 1720 SUBLETTE AVE
City-St-Zip: ST. LOUIS, MO 67110

Title: ST
Name: DUNN, DANIEL C
Address: 1720 SUBLETTE AVE
City-St-Zip: ST. LOUIS, MO 63110

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC J. BRUNS

MGR.

04/19/2012

Electronic Signature of Signing Officer or Director

Date