

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H14128** (3)

1. Corporation Name

ALLIED HEALTH CARE MANAGEMENT, INC.



Principal Place of Business

**6600 N ANDREWS AVE
SUITE 570
FT. LAUDERDALE FL 33309**

Mailing Address

**6600 N ANDREWS AVE
SUITE 570
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
07/26/1984

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0035444

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IRVING, J. BRUCE
501 BRICKELL KEY DRIVE
SUITE 300, COURVOISIER CENTRE
MIAMI FL 33131**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for person named as registered agent and fee it applies to

(NOTE: Registered Agent Signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS	☐ DELETE
NAME	BRAFMAN, CAROL	
STREET ADDRESS	6600 N ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	☐ DELETE
NAME	KAPLAN, RONALD L.	
STREET ADDRESS	6600 N ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	☐ DELETE
NAME	KOSCS, GREGORY	
STREET ADDRESS	6600 N ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AS	☐ DELETE
NAME	IRVING, J. BRUCE	
STREET ADDRESS	501 BRICKELL KEY DR.,	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald L. Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Kaplan

03-01-96

(954)491-6600

CR2E034 (12/95)