

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H49762 (8)

1. Corporation Name
ALLIED HEALTH CARE SERVICES, INC.

Principal Place of Business 6600 N. ANDREWS AVENUE C/O ALLIED HEALTH CARE CORP. FT LAUDERDALE FL 33309-6637	Mailing Address 6600 N. ANDREWS AVENUE C/O ALLIED HEALTH CARE CORP. FT LAUDERDALE FL 33309-2110
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1985	3a. Date of Last Report 03/07/1996
21		26		4. FEI Number 59-2543093	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23	28	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
IRVING, J. BRUCE 501 BRICKELL KEY DR 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 _____ **DATE** _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, RONALD		1.2 NAME		
STREET ADDRESS	6600 N ANDREWS AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAFMAN, CAROL		2.2 NAME		
STREET ADDRESS	6600 N. ANDREWS AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		2.4 CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRVING, J. BRUCE		3.2 NAME		
STREET ADDRESS	501 BRICKELL KEY DR		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSCS, GREGORY		4.2 NAME		
STREET ADDRESS	6600 N. ANDREWS AVENUE		4.3 STREET ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **3/15/97** **(954)491-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)