

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>6600 N. ANDREWS AVENUE C/O ALLIED HEALTH CARE CORP. FT LAUDERDALE FL 33309-6837</b>	Mailing Address <b>6600 N. ANDREWS AVENUE C/O ALLIED HEALTH CARE CORP. FT LAUDERDALE FL 33309-6837</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/29/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2543093</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>IRVING, J. BRUCE 501 BRICKELL KEY DR SUITE 300 COURVOISIER CENTRE MIAMI FL 33131</b>				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City				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 typed or printed name of registered agent and title if applicable

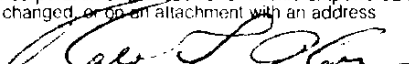
(NOTE: Registered Agent signature required when reinstating)

DATE

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 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 2/15/98

(954) 491-6600

CR2E034 (10/97)