

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49762

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ALLIED HEALTH CARE SERVICES, INC.

## Current Principal Place of Business:

2700 W CYPRESS CREEK ROAD  
SUITE B-100  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

C/O ALLIED HEALTH CARE CORP.  
2700 W CYPRESS CREEK ROAD, SUITE B-100  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 59-2543093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITAL CONNECTION INC  
417 E VIRGINIA ST  
32301  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KAPLAN, RONALD L  
Address: 2700 W CYPRESS CREEK ROAD, SUITE B-100  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DVS ( ) Delete  
Name: BRAFMAN, CAROL S  
Address: 2700 W CYPRESS CREEK ROAD, SUITE B-100  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: AS ( ) Delete  
Name: IRVING, J. BRUCE  
Address: 19134 FISHER ISLAND DR  
City-St-Zip: MIAMI, FL 33109

Title: T ( ) Delete  
Name: KOSCS, GREGORY V  
Address: 2700 W CYPRESS CREEK ROAD, SUITE B-100  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY V. KOSCS

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date