2005 FOR PROFIT CORPORAȚION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # H77740 1. Entity Name ALLIED AND ASSOCIATED HEALTH SERVICES INC. Principal Place of Business Mailing Address 4518 N UNIVERSITY DR 4518 N UNIVERSITY DR LAUDERHILL FL 33351 US LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2608168 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENJAMIN NEMETH Street Address (P.O. Box Number is Not Acceptable) 4518 N UNIVERSITY DR. LAUDERHILL FL 33351 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Change ☐ Addition TITLE VΡ Delete THE NAME NEMETH, BENJAMIN NAME STREET ADDRESS 4518 N UNIV. DR. STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete U00000317140 NEMETH, JOSEPHINE NAME 04/20/05-80004-025 150.00 STREET ADDRESS 4518 N. UNIV. DR. STREET ADDRESS CITY ST-7IP CITY-ST-ZIP LAUDERHILL FL ☐ Change Addition | ☐ Delete Dis HILE NAME NAME NEMETH, FRANK STREET ADDRESS STREET ADDRESS 4518 N UNIVERSITY DR CITY-ST-ZIP CHY-ST-ZIP LAUDERHILL FL 33351 Change Addition | TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition ☐ Delete THEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED