


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # H77740 1. Entity Name ALLIED AND ASSOCIATED HEALTH SERVICES INC.	
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Principal Place of Business 2101 N.W. CORPORATE BOULEVARD SUITE 200 BOCA RATON, FL 33431 US	Mailing Address 2101 N.W. CORPORATE BOULEVARD SUITE 200 BOCA RATON, FL 33431 US
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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2608168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENJAMIN NEMETH
2101 N.W. CORPORATE BOULEVARD
SUITE 200
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDP NEMETH, BENJAMIN 2101 N.W. CORPORATE BOULEVARD, #200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEMETH, JOSEPHINE 2101 N.W. CORPORATE BOULEVARD, #200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEMETH, FRANK 2101 N.W. CORPORATE BOULEVARD, #200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000919010
05/13/09-80104-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Benjamin N Nemeth - Pres. 4/23/08 561-981-8832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #