

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77740

FILED
Feb 14, 2011
Secretary of State

Entity Name: ALLIED AND ASSOCIATED HEALTH SERVICES INC.

Current Principal Place of Business:

2101 N.W. CORPORATE BOULEVARD
SUITE 200
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

2101 N.W. CORPORATE BOULEVARD
SUITE 200
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2608168 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SDP
Name: NEMETH, BENJAMIN
Address: 2101 N.W. CORPORATE BOULEVARD, #200
City-St-Zip: BOCA RATON, FL 33431 US

Title: T
Name: NEMETH, JOSEPHINE
Address: 2101 N.W. CORPORATE BOULEVARD, #200
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP
Name: NEMETH, FRANK
Address: 2101 N.W. CORPORATE BOULEVARD, #200
City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN NEMETH

PRES

02/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date