

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003502

1. Entity Name  
ALLIED HEALTHCARE SERVICES, LTD. CO.



FILED  
03 APR 28 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
793 CHRISTOPHER DRIVE  
MARION, OH 43302

Mailing Address  
793 CHRISTOPHER DRIVE  
MARION, OH 43302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number 05-0530842

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIDDOP, VALITA  
6050 REDFIELD CIRCLE  
TALLAHASSEE, FL 32317

Name Nancy A. Harrison

Street Address (P.O. Box Number is Not Acceptable)

1944 Raymond Tucker Rd.

City Tallahassee

FL

Zip Code 32311

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME LOWE, ARTHUR II  
STREET ADDRESS 793 CHRISTOPHER DRIVE  
CITY-ST-ZIP MARION, OH 43302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800017205828  
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TITLE MGR  
NAME HAAS, WILLIAM H  
STREET ADDRESS 713 7TH STREET  
CITY-ST-ZIP MARIETTA, OH 45750

TITLE  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/03 740.725.1222

CR2E083 (10/02)