

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44524

Entity Name: ALLIED HOME CARE, INC.

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

2240 WOODBRIGHT ROAD
SUITE 202
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

C/O ALLIED HEALTH CARE CORP.
1000 NW 65TH STREET, SUITE 105
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0088040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTIO, INC
417 E VIRGINIA ST
TALLAHASSEE, FL 32301 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: DP () Delete
Name: KAPLAN, RONALD L
Address: 1000 NW 65TH STREET, SUITE 105
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DVS () Delete
Name: BRAFMAN, CAROL S
Address: 1000 NW 65TH STREET, SUITE 105
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T () Delete
Name: KOSCS, GREGORY V
Address: 1000 NW 65TH STREET, SUITE 105
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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 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

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date