2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000002057

FILED Feb 03, 2009 Secretary of State

Entity Name: ALLIED HEALTH EDUCATION FOUNDATION, INC.

Current Principal Place of Business:		New Principal I	New Principal Place of Business:	
SUTE # 23	ST DIXIE HIGHWAY 35 IIAMI BEACH, FL 33160			
	,	New Mailing A	ddrogg,	
urrent iv	lailing Address:	New Mailing Ad	daress:	
SUTE # 23	ST DIXIE HIGHWAY 35 IIAMI BEACH, FL 33160			
n accordan	: 65-0955112 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did not		.,	
	Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
7038 WE SUITE # 2				
JORTH M	IIAMI BEACH, FL 33160 US			
	named entity submits this statement for the pue of Florida.	rpose of changing its reg	istered office or registered agent, or both,	
SIGNATUI	RE: MARCUS D BENEDETTO			
	Electronic Signature of Registered Agen	t	Date	
FFICER	S AND DIRECTORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: ity-St-Zip:	DIR () Delete IRANI, FRED 17038 WEST DIXIE HIGHWAY, SUITE # 235 NORTH MIAMI BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress:	DIR () Delete BERNADETTE NELSON, 17038 WEST DIXIE HIGHWAY, SUITE # 235 NORTH MIAMI BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition	
ity-St-Zip: itle: lame: ddress:	DIR () Delete SMITH, MARK 17038 WEST DIXIE HIGHWAY, SUITE # 235 NORTH MIAMI BEACH, FL 33160	Title: Name: Address: City-St-Zip:	()Change ()Addition	
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCUS D BENEDETTO DIR 02/03/2009