2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# N10000010293

Entity Name: AMERICAN COLLEGE OF ALLIED HEALTH PROFESSIONALS INC.

Current Principal Place of Business:

6161 NW 2ND AVE #614
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6161 NW 2ND AVE #614
BOCA RATON, FL 33487

New Mailing Address:

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

Name and Address of Current Registered Agent:

PAPAYAN, STANISLAV
6161 NW 2ND AVE #614
BOCA RATON, FL 33487 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: D
Name: PAPAYAN, STANISLAV
Address: 6161 NW 2ND AVE #614
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: FERRA, SUSANA T
Address: 6161 NW 2ND AVE #614
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: BARKER, JENNIFER L
Address: 6161 NW 2ND AVE #614
City-St-Zip: BOCA RATON, FL 33487

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STANISLAV PAPAYAN D 04/25/2011
Electronic Signature of Signing Officer or Director Date