SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 29 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005159 (9)**

1. Corporation Name
ALLIED HEALTH TRAINING CENTER INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3218-22 S UNIVERSITY DR MIRAMAR FL 33025	3218-22 S UNIVERSITY DR MIRAMAR FL 33025

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 12/05/1994
4. FEI Number: 65-0449537 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PRYCE, JAMES R
2430 NW 204TH ST
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name: **Pryce, James R.**
82 Street Address (P.O. Box Number is Not Acceptable): **101 North West 108 Ter.**
83: **Pembroke Pine**
84 City: **Florida** 85 State: **FL** Zip Code: **33026**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	PRYCE, JAMES R	12 NAME	D	PRYCE, JAMES R.
STREET ADDRESS	2430 NW 204 ST.	13 STREET ADDRESS		101 NORTH WEST 108 TER.
CITY-ST-ZIP	MIAMI FL 33056	14 CITY-ST-ZIP		PEMBROKE PINE, FLORIDA 33026
TITLE	VPD	21 TITLE		☐ Change ☒ Addition
NAME	PRYCE, BEVERLY D	22 NAME	D	BEVERLY D. PRYCE
STREET ADDRESS	2430 NW 204 ST.	23 STREET ADDRESS		101 NORTH WEST 108 TER.
CITY-ST-ZIP	MIAMI FL 33056	24 CITY-ST-ZIP		PEMBROKE PINE, FLORIDA 33026
TITLE	SD	31 TITLE		☐ Change ☒ Addition
NAME	PRYCE, ANN MARIE	32 NAME	D	ANN MARIE PRYCE
STREET ADDRESS	2430 NW 204 ST.	33 STREET ADDRESS		101 NORTH WEST 108 TER.
CITY-ST-ZIP	MIAMI FL 33056	34 CITY-ST-ZIP		PEMBROKE PINE, FLORIDA 33026
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES R. PRYCE 6/22/95 (488-6070)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0006267