

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000005159 (9)**

1. Corporation Name

ALLIED HEALTH TRAINING CENTER INC.

Principal Place of Business

Mailing Address

**3218-22 S UNIVERSITY DR
MIRAMAR FL 33025****3218-22 S UNIVERSITY DR
MIRAMAR FL 33025-3007**3. Date Incorporated or Qualified
11/08/19933a. Date of Last Report
07/17/1996

2. Principal Place of Business

2a. Mailing Address

21 SAME**26 SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State**27**
City & State**23**
Zip Country**28**
Zip Country**24** **25** **29** **30**4. FEI Number
65-0449537Applied For
Not Applicable

6. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐ **\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRYCE, JAMES R
101 NW 108TH TERR
PEMBROKE PINES FL 33026****81 Name James R. Pryce****82 Street Address (P.O. Box Number is Not Acceptable)
6748 Azalea Drive****83 Miramar,****84 City Miramar FL 85 Zip Code 33023**

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 **JAMES R. PRYCE**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/97
DME

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **PRYCE, JAMES R**
STREET ADDRESS **101 NW 108THJ TERR**
CITY - ST - ZIP **PEMBROKE PINES FL**1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Pryce, James R**
1.3 STREET ADDRESS **6748 Azalea Drive**
1.4 CITY - ST - ZIP **Miramar, Florida 33023**TITLE **VPD** ☐ DELETE
NAME **PRYCE, BEVERLY D**
STREET ADDRESS **101 NW 108TH TERR**
CITY - ST - ZIP **PEMBROKE PINES FL**2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **Pryce, Beverly D**
2.3 STREET ADDRESS **6748 Azalea Drive**
2.4 CITY - ST - ZIP **Miramar, Florida 33023**TITLE **SD** ☐ DELETE
NAME **PRYCE, ANN MARIE**
STREET ADDRESS **101 NW 108TH TERR**
CITY - ST - ZIP **PEMBROKE PINES FL**3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Pryce, Ann Marie**
3.3 STREET ADDRESS **6748 Azelea Drive**
3.4 CITY - ST - ZIP **Miramar, Florida 33023**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023869

CR2E037 (9/96)