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Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

11/08/1993

4. FEI Number

65-0449537

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4350 W. Hallandale Beach

2a. Same

**22 Suite, Apt. #, etc.
Blvd. Hollywood Fl. 33025**

Suite, Apt. #, etc.

City & State

23

Zip

24 33023

Country

25 Broward

City & State

26

Zip

27

Country

28

City & State

29

Zip

30

Country

31

City & State

32

Zip

33

Country

34

City & State

35

Zip

36

Country

37

City & State

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Zip

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Country

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City & State

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Zip

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Country

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City & State

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Zip

45

9. Name and Address of Current Registered Agent

**PRYCE, JAMES R
6748 AZALEA DR
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRYCE, JAMES R	
STREET ADDRESS	101 NW 108TH J TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PRYCE, BEVERLY D	
STREET ADDRESS	101 NW 108TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRYCE, ANN MARIE	
STREET ADDRESS	101 NW 108TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRYCE, JAMES R	
STREET ADDRESS	6748 AZALEA DRIVE	
CITY-ST-ZIP	MIRAMAR FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PRYCE, BEVERLY	
STREET ADDRESS	6748 AZALEA DR	
CITY-ST-ZIP	MIRAMAR FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRYCE, MARIE ANN	
STREET ADDRESS	6748 AZALEA DR	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	James R. Pryce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6748 Azeala Drive	
1.3 STREET ADDRESS	Miramar, Florida 33023	
1.4 CITY-ST-ZIP		

2.1 TITLE	Beverly D. Pryce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	6748 Azeala Drive	
2.3 STREET ADDRESS	Miramar, Florida 33023	
2.4 CITY-ST-ZIP		

3.1 TITLE	Beverly D. Pryce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6748 Azeala Drive	
3.3 STREET ADDRESS	Miramar, Florida 33023	
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	Beverly D. Pryce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6748 Azeala Drive	
6.3 STREET ADDRESS	Miramar, Florida 33023	
6.4 CITY-ST-ZIP		

14. I 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:

James R. Pryce

4/12/98

CR2E037 (10/97)