

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90002 007 *****8.75
06-10-1999 90002 008 *****61.25

DOCUMENT # N93000005159

1. Corporation Name

ALLIED HEALTH TRAINING CENTER
Principal Place of Business Mailing Address
4350 WEST HALLANDALE BEACH BLVD.
HOLLYWOOD, FLORIDA 33023

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 4350 W HALLANDALE BEACH BLVD

26 4350 W HALLANDALE BEACH BLVD NOV. 8 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

650449537

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

23 HOLLYWOOD, FLORIDA

28 HOLLYWOOD FLORIDA

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24 33023

25 BROWARD

29 33023

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES PRYCE
6748 AZALEA DR
MIAMI, FLORIDA 33023

81 Name JAMES PRYCE

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

6748 AZALEA DR

83

84 City MIAMI

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

Signature typed or printed name of registered agent and address, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME JAMES PRYCE
STREET ADDRESS 6748 AZALEA DR
CITY-ST-ZIP MIAMI, FL. 33023

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VICE-PRESIDENT
NAME BEVERLY D. PRYCE
STREET ADDRESS 6748 AZALEA DR. MIAMI FL.
CITY-ST-ZIP 33023

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TREASURER
NAME JAMES PRYCE
STREET ADDRESS 6748 AZALEA DR
CITY-ST-ZIP MIAMI, FL. 33023

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SECRETARY
NAME BEVERLY PRYCE
STREET ADDRESS 6748 AZALEA DR
CITY-ST-ZIP MIAMI, FL. 33023

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PRYCE

8/15/99

954-961-9406

CR2E037 (11/98)