2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P02000108843

1. Entity Name
ALLIED HEALTHCARE NETWORKS, INC.

Principal Place of Business	Mailing Address
3700 COCONUT CREEK PKWY	3700 COCONUT CREEK PKWY
COCONUT CREEK FL 33066	COCONUT CREEK FL 33066

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

☐ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country

4. FEI Number   41-2065426   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROWE, JASON D	Name
3700 COCONUT CREEK PKWY	Street Address (P.O. Box Number is Not Acceptable)
COCONUT CREEK FL 33066	City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,T	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ROWE, JASON		NAME			
STREET ADDRESS	3700 COCONUT CREEK PKWY		STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP			
TITLE	VP,S	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TORRES, ANDRES		NAME			
STREET ADDRESS	3700 COCONUT CREEK PKWY		STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (10/02)

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jason Rowe   4/28/2003   (954) 471-4394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #