

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan-18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000130224

1. Entity Name
ALLIED THERAPY SERVICES, INC.



Principal Place of Business

**11011 SHERIDAN STREET
SUITE 201
COOPER CITY, FL 33026**

Mailing Address

**11011 SHERIDAN STREET
SUITE 201
COOPER CITY, FL 33026**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
82-0578164

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALDONADO, YESENIA
11011 SHERIDA STREET
SUITE 201
COOPER CITY, FL 33026**

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
MALDONADO, YESENIA
11011 SHERIDAN STREET SUITE 201
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DV
RIOS, MARIO C
11011 SHERIDAN STREET SUITE 201
COOPER CITY, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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01/20/05-80008-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Yesenia Maldonado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____