

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130224

Entity Name: ALLIED THERAPY SERVICES,INC.

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

11011 SHERIDAN STREET
SUITE 201
COOPER CITY, FL 33026

New Principal Place of Business:

6447 MIAMI LAKES DRIVE EAST
SUITE 220
MIAMI LAKES, FL 33014

Current Mailing Address:

11011 SHERIDAN STREET
SUITE 201
COOPER CITY, FL 33026

New Mailing Address:

6447 MIAMI LAKES DRIVE EAST
SUITE 220
MIAMI LAKES, FL 33014

FEI Number: 82-0578164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MALDONADO, YESENIA
6447 MIAMI LAKES DRIVE EAST
SUITE 220
MIAMI LAKES, FL 33014 US

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.

SIGNATURE:

01/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MALDONADO, YESENIA
Address: 11011 SHERIDAN STREET SUITE 201
City-St-Zip: COOPER CITY, FL 33026

Title: DV () Delete
Name: RIOS, MARIO C
Address: 11011 SHERIDAN STREET SUITE 201
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MALDONADO, YESENIA
Address: 6441 MIAMI LAKES DRIVE EAST SUITE 220
City-St-Zip: MIAMI LAKES, FL 33014

Title: DV (X) Change () Addition
Name: RIOS, MARIO C
Address: 6441 MIAMI LAKES DRIVE EAST SUITE 220
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YESENIA MALDONADO

DP

01/19/2007

Electronic Signature of Signing Officer or Director

Date