

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122012

FILED
Feb 22, 2012
Secretary of State

Entity Name: ALLIED HEALTH ONLINE INC.

Current Principal Place of Business:

1291 S. STATE RD. 7
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

6720 LURAI DR.
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 56-2475927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, AVA N
7553 SW 26TH CT
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ANGLIN, JENNIFER
Address: 6720 LURAI DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP
Name: GERHOFF, SONDR
Address: 11957 NW 26TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SEC
Name: THOMPSON, AVA N
Address: 7553 SW 26TH CT
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: T
Name: CHIOFALO, ELLEN
Address: 1125 ROCK ISLAND RD.
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: AVA N THOMPSON

CFO

02/22/2012

Electronic Signature of Signing Officer or Director

Date