

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 03, 2009
Secretary of State**

DOCUMENT# P07000076590

Entity Name: FLORIDA ASSOCIATION OF ALLIED HEALTH PROFESSIONALS, INC

Current Principal Place of Business:

2051 N 61 TERRACE
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

2051 N 61 TERRACE
HOLLYWOOD, FL 33024 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SMITH, HAROLD R
2051 N 61 TERRACE
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

MARIN, CLARA
2051 N 61 TERRACE
HOLLYWOOD, FL 33024 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: CLARA MARIN 12/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, HAROLD R
Address: 2051 N 61 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D () Delete
Name: MARIN, JESUS
Address: 2051 N 61 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D (X) Delete
Name: MARIN, CLARA
Address: 2051 N 61 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, MYRA
Address: 6840 SW 40TH STREET SUITE 208
City-St-Zip: MIAMI, FL 33155 US

Title: D (X) Change () Addition
Name: MARIN, CLARA
Address: 6840 SW 40TH STREET, SUITE 208
City-St-Zip: MIAMI, FL 33155 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MYRA SMITH D 12/03/2009
Electronic Signature of Signing Officer or Director Date