## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000063911

Entity Name: ALLIANCE HEALTHCARE SYSTEMS INC.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1810 N UNIVERSITY DRIVE 7000 NW 17TH ST PLANTATION, FL 33322

104

PLANTATION, FL 33313

**Current Mailing Address: New Mailing Address:** 

1810 N UNIVERSITY DRIVE 7000 NW 17TH ST

PLANTATION, FL 33322 104 PLANTATION, FL 33313

FEI Number Applied For ( )

FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAWLA, SHAWN CHAWLA, SHAWN 1810 N UNIVERSITY DRIVE 7000 NW 17TH ST

PLANTATION, FL 33322 104 PLANTATION, FL 33313 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: 04/16/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

FEI Number: 26-2947552

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

CHAWLA, SHAWN CHAWLA, SHAWN Name: Name: 1810 N UNIVERSITY DR Address: 7000 NW 17TH ST #104 Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33313

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: SHAWN S CHAWLA MR 04/16/2009