2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P10000015169

Entity Name: ALLIED HEALTH ACADEMY, INC.

Current Principal Place of Business:

1499 BEACON DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

210 S. DIXIE DRIVE
HAINES CITY, FL 33844

New Mailing Address:

1499 BEACON DRIVE
KISSIMMEE, FL 34746

FEI Number: 27-2000844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUGUID, RAMON
1499 BEACON DRIVE
KISSIMMEE, FL 33844 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: P
Name: NUGUID, MA. FRANCHELO
Address: 1499 BEACON DRIVE
City-St-Zip: KISSIMMEE, FL 33844

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: MARIA FRANCHELO KRIS NUGUID PRES 04/25/2012

Electronic Signature of Signing Officer or Director Date