## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000076941

Entity Name: AAA ALLIED HEALTHCARE SERVICES, INC.

FILED Aug 18, 2011 Secretary of State

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

10001 NW 50TH STREET

SUITE 203 E

SUNRISE, FL 33351

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

10001 NW 50TH STREET SUITE 203 E SUNRISE, FL 33351 US

FEI Number: 27-3605948 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

CHRISTIE, VALARIE J BENNETT, TANYA C 10001 NW 50TH STREET 10001 NW 50TH STREET 203A 203E SUNRISE, FL 33351 US SUNRISE, FL 33351 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: TANYA C. BENNETT 08/18/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: CHRISTIE, DUANE K

10001 NW 50TH STREET, #203E Address: City-St-Zip: SUNRISE, FL 33351 US

Title: COO

CHRISTIE, MARC K Name:

10001 NW 50TH STREET, #203E Address: SUNRISE, FL 33351 US City-St-Zip:

Title: CFO

BENNETT, TANYA N Name:

10001 NW 50TH STREET, #203E Address: City-St-Zip: SUNRISE, FL 33351 US

Title: SEC

CHRISTIE, VALARIE J Name:

Address: 10001 NW 50TH STREET, #203E City-St-Zip: SUNRISE, FL 33351 US

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: TANYA C. BENNETT **CFO** 08/18/2011