

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000064395

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ALLIED HEALTH CARE ASSOCIATION CO.

**Current Principal Place of Business:**

212 SW MAIN ST  
ROCKY MOUNT, NC 27804

**New Principal Place of Business:**

530 S MARKET AVE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

P.O. BOX 5738  
TALLAHASSEE, FL 32314

**New Mailing Address:**

530 S MARKET AVE  
FORT PIERCE, FL 34982

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMAIN, JEAN  
526 S MARKET AVENUE  
FORT PIERCE, FL 34982 US

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

ROMAIN, JEAN  
5933 NW HANN DR  
PORT ST LUCIE, FL 34986 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: JEAN C ROMAIN

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FROST, WILLIAM R  
Address: 212 MAIN ST  
City-St-Zip: ROCKY MOUNT, NC 27804

Title: P  
Name: ROMAIN, MARIE A  
Address: 5933 NW HANN DRIVE  
City-St-Zip: PORT-ST-LUCIE, FL 34986

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: MARIE A ROMAIN

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date