

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000063453

FILED  
May 08, 2014  
Secretary of State

**Entity Name:** ALLIED HEALTH EDUCATION GROUP, INC.

**Current Principal Place of Business:**

11780 SW. 89 STREET  
SUITE 201-202  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

11780 SW. 89 STREET  
SUITE 201-202  
MIAMI, FL 33186 US

**New Mailing Address:**

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

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

ALBERT J. LAZO, P.A.  
3162 COMMODORE PLAZA  
3-E  
MIAMI, FL 33133 US

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

LOBO, DANIEL  
11780 SW 89 STREET  
SUITE 201-202  
MIAMI, FL 33186 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: DANIEL LOBO

05/08/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOBO, DANIEL  
Address: 11780 SW. 89 STREET, SUITE 201-202  
City-St-Zip: MIAMI, FL 33186 US

Title: VP,S  
Name: LEON, BILL J  
Address: 11780 SW. 89 STREET, SUITE 201-202  
City-St-Zip: MIAMI, FL 33186 US

Title: D  
Name: LOBO, DANIEL  
Address: 11780 SW. 89 STREET, SUITE 201-202  
City-St-Zip: MIAMI, FL 33186 US

Title: D  
Name: LEON, BILL J  
Address: 11780 SW. 89 STREET, SUITE 201-202  
City-St-Zip: MIAMI, FL 33186 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: BILL LEON

VP

05/08/2014

Electronic Signature of Signing Officer or Director

Date