

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000028649

**FILED**  
**Oct 23, 2014**  
**Secretary of State**

**Entity Name:** AMERICAN ALLIED HEALTH SERVICES RECCRUITMENT INC

**Current Principal Place of Business:**

2372 SW 195 AVE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

2372 SW 195 AVE  
MIRAMAR, FL 33029

**Current Mailing Address:**

2372 SW 195 AVE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

2372 SW 195 AVE  
MIRAMAR, FL 33029

**FEI Number:** 46-2452399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, ALEXANDER  
2372 SW 195 AVE  
PEMBROKE PINES, FL 33029 US

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

RODRIGUEZ, ALEXANDER  
2372 SW 195 AVE  
MIRAMAR, FL 33029 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: ALEXANDER S. RODRIGUEZ

10/23/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, ALEXANDER  
Address: 2372 SW 195 AVE  
City-St-Zip: MIRAMAR, FL 33029 UN

Title: VP  
Name: RODRIGUEZ, ELIZABETH  
Address: 2372 SW 195 AVE  
City-St-Zip: MIRAMAR, US 33029

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: ALEXANDER S. RODRIGUEZ

P

10/23/2014

Electronic Signature of Signing Officer or Director

Date