## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000029318

ALLIED HEALTH NETWORK, INC.

Mailing Address Principal Place of Business 3201 MARCUS POINTE P.O. BOX 9077 PENSACOLA FL 32513-9077 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE US HS 3. Date Incorporated or Qualifed 04/19/1993 4: FEI Number Applied For 2. - Principal Place of Business 2a. Mailing Address 59-3175113 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHITEHEAD, DAVID M Street Address (P.O. Box Number is Not Acceptable) 3201 MARCUS POINTE BLVD PENSACOLA FL 32505 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DM WHITEHEAD

I title if applicable. (NOTE: Registered. SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 □ DELETE 1.1 TITLE TITLE WHITEHEAD, DAVID M 1.2 NAME NAME 3201 MARCUS POINTE BLVD 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CfTY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME

64 CITY, ST. ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in achment with an address, with all other like empowered Block 12 or Block 13 if changed, or

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4171TLF

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITE

6.2 NAME

SIGNATURE:

NAME

TITLE

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FILED

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90024 043 \*\*\*150.00