

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90058 032 ***150.00

DOCUMENT # P93000029318

1. Entity Name
ALLIED HEALTH NETWORK, INC.



Principal Place of Business
6999 SAUFLEY PINES ROAD
PENSACOLA FL 32526
US

Mailing Address
~~P.O. BOX 9077~~
PENSACOLA FL 32513-9077
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3200 MARCUS POINT BLVD
Suite, Apt. #, etc.

3. Mailing Address
3200 MARCUS POINT BLVD
Suite, Apt. #, etc.

City & State
Pensacola FL
Zip 32505 Country

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Pensacola FL
Zip 32505 Country

4. FEI Number 59-3175113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, DAVID M
~~6999 SAUFLEY ROAD~~ 3200 MARCUS POINT BLVD
PENSACOLA FL ~~32526~~ 32505

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/18/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITEHEAD, DAVID M. 6999 SAUFLEY ROAD 3200 MARCUS POINT BLVD PENSACOLA FL 32526 32505	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 report or supplemental 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 Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)