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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:44

DOCUMENT # **P93000044655 (7)**

1. Corporation Name
ALLIED/GVHCC, INC.

Principal Place of Business	Mailing Address
REAL ESTATE ADVISORS, INC. 925 HARVEST DR SUITE 210 BLUE BELL PA 19422	REAL ESTATE ADVISORS, INC. 925 HARVEST DR SUITE 210 BLUE BELL PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 Urdang & Assoc. Real estate	26 630 W. Germantown Pike
Suite, Apt. #, etc. 22 Suite 321	Suite, Apt. #, etc. 27 Suite 321
City & State 23 Plymouth Meeting, PA	City & State 28 Plymouth Meeting, PA
Zip / Country 24 19462 / 25 USA	Zip / Country 29 19462 / 30 USA

4. FEI Number: 23-2753060 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when name(s) changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	URDANG, SCOTT E	12 NAME	E. Scott Urdang
STREET ADDRESS	925 HARVEST DR SUITE 210	13 STREET ADDRESS	630 W. Germantown Pike, Suite 321
CITY ST ZIP	BLUE BELL PA	14 CITY ST ZIP	Plymouth Meeting, PA 19462
TITLE	VS	21 TITLE	VS ☒ Change ☐ Addition
NAME	BLUM, DAVID J	22 NAME	David J. Blum
STREET ADDRESS	925 HARVEST DR SUITE 210	23 STREET ADDRESS	630 W. Germantown Pike, Suite 321
CITY ST ZIP	BLUE BELL PA	24 CITY ST ZIP	Plymouth Meeting, PA 19462
TITLE	V	31 TITLE	V ☒ Change ☐ Addition
NAME	SANFILIPPO, VINCENT	32 NAME	Vincent Sanfilippo
STREET ADDRESS	925 HARVEST DR SUITE 210	33 STREET ADDRESS	630 W. Germantown Pike, Suite 321
CITY ST ZIP	BLUE BELL PA	34 CITY ST ZIP	Plymouth Meeting, PA 19462
TITLE	V	41 TITLE	V ☒ Change ☐ Addition
NAME	NOVICK, STEVEN C	42 NAME	Steven C. Novick
STREET ADDRESS	925 HARVEST DR SUITE 210	43 STREET ADDRESS	630 W. Germantown Pike, Suite 321
CITY ST ZIP	BLUE BELL PA	44 CITY ST ZIP	Plymouth Meeting, PA 19462
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Steven C. Novick 4/5/95 410-834-9500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000209 CF