

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013362 (4)

1. Corporation Name
ALLIED HEALTH SERVICES, INC.



Principal Place of Business 1481 SO. MILITARY TRAIL STE 10 WEST PALM BEACH FL 33415	Mailing Address 1481 SO. MILITARY TRAIL STE 10 WEST PALM BEACH FL 33415-0143
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3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Report
4. FEI Number 65-0656911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6620 LAKE NORMA RD Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 540125 Suite, Apt. #, etc.
22 City & State LAKE NORMA, FL	27 City & State LAKE WORTH, FL
23 Zip 33467	28 Zip 33454-0125
24 Country VS	29 Country US

9. Name and Address of Current Registered Agent

**WEISS, STEVEN M
2424 NO. FEDERAL HIGHWAY STE 411
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name HORTENSIA T. CAINE
82 Street Address (P.O. Box Number is Not Acceptable) 15675 BELLANCA CAINE
83
84 City WELLINGTON
85 Zip Code FL 33414

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: *Hortensia T. Caine*

4-7-97

Signature typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE CAINE, HORTENSIA T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAINE, HORTENSIA T		1.2 NAME	
STREET ADDRESS 1481 SO. MILITARY TRAIL STE 10		1.3 STREET ADDRESS	
CITY - ST - ZIP WEST PALM BEACH FL 33415		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hortensia T. Caine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 5619671022
Date Daytime Phone #

CR2E034 (9/96)