

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000050575**

1. Entity Name  
**ALLEN HEALTHCARE, INC.**



Principal Place of Business  
**1801 LEE ROAD #130  
WINTER PARK, FL 32789**

Mailing Address  
**1801 LEE ROAD #130  
WINTER PARK, FL 32789**



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3518280**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000366041  
04/08/08-80010-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ALLEN, DENNIS R
STREET ADDRESS	1801 LEE ROAD #130
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ALLEN, SUSAN C
STREET ADDRESS	1801 LEE ROAD #130
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	HOPSON, ROBERT L JR.
STREET ADDRESS	5601 CORPORATE WAY #204
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Dennis R. Allen*  
**Dennis R. Allen**

**PRES-CEO**

Date

**3-19-08**

Daytime Phone #

**407-629-1100**