

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000050575

Entity Name: ALLEN HEALTHCARE, INC.

FILED
Nov 20, 2009
Secretary of State

Current Principal Place of Business:

1801 LEE ROAD #130
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1801 LEE ROAD #130
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3518280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CORPORATE SERVICES COMPANY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, DENNIS R
Address: 1801 LEE ROAD #130
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: ALLEN, SUSAN C
Address: 1801 LEE ROAD #130
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HOPSON, ROBERT L JR.
Address: 5601 CORPORATE WAY #204
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOPSON, ROBERT L JR.
Address: 5601 CORPORATE WAY #404
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS R. ALLEN

CEO

11/20/2009

Electronic Signature of Signing Officer or Director

Date