

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000050575

Entity Name: ALLEN HEALTHCARE, INC.

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1801 LEE ROAD  
SUITE 130  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1801 LEE ROAD  
SUITE 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DENNIS R. ALLEN

PRES

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date