FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V47903** **(2)**

1. Corporation Name

ALLIED SPECIALTY CARE INC.

Principal Place of Business	Mailing Address
6187 NW 167TH ST #H-2 MIAMI FL 33015	6187 NW 167TH ST #H-2 MIAMI FL 33015

3. Date Incorporated or Qualified: **07/06/1992**

3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **65-0351509** ☐ 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

MONIOUDIS, PERRY D ESQ.
235 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

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

12. OFFICERS AND DIRECTORS

TYPE: P
NAME: RODRIGUEZ, MARIA D
STREET ADDRESS: 7135 COLLINS AVE #1012
CITY-ST-ZIP: MIAMI BEACH FL
☐ DELETE

TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

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TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP ☐ Change ☐ Addition

13.5 TITLE / 13.6 NAME / 13.7 STREET ADDRESS / 13.8 CITY-ST-ZIP ☐ Change ☐ Addition

13.9 TITLE / 13.10 NAME / 13.11 STREET ADDRESS / 13.12 CITY-ST-ZIP ☐ Change ☐ Addition

13.13 TITLE / 13.14 NAME / 13.15 STREET ADDRESS / 13.16 CITY-ST-ZIP ☐ Change ☐ Addition

13.17 TITLE / 13.18 NAME / 13.19 STREET ADDRESS / 13.20 CITY-ST-ZIP ☐ Change ☐ Addition

13.21 TITLE / 13.22 NAME / 13.23 STREET ADDRESS / 13.24 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is valid, current, 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: *Maria Rodriguez* 1/17/96 362-1020.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)