

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V47903** (2)  
1. Corporation Name  
**ALLIED SPECIALTY CARE INC.**



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

3. Date Incorporated or Qualified <b>07/06/1992</b>	3a. Date of Last Report <b>02/13/1995</b>
4. FEI Number <b>65-0351509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country
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**9. Name and Address of Current Registered Agent**

**MONIUDIS, 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	85. Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of registered agent or trustee empowered to execute this report

Signature of registered agent or trustee empowered to execute this report

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, MARIA D</b>	12. NAME	
STREET ADDRESS	<b>7135 COLLINS AVE #1012</b>	13. STREET ADDRESS	
CITY, STATE, ZIP	<b>MIAMI BEACH FL</b>	14. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, STATE, ZIP		24. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, STATE, ZIP		34. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, STATE, ZIP		44. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, STATE, ZIP		54. CITY, STATE, ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, STATE, ZIP		64. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 its trustee 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 in an addition thereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 362-1020  
Date Printed #

CR2E034 (12/95)