



State of Rhode Island and Providence Plantations

CORP. ID# 0000718

OFFICE OF THE SECRETARY OF STATE

05/15/89

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE
02903

Kathleen S. Connell
Secretary of State

Dear Sir or Madame: ALLIED HEALTH SERVICE

You are hereby notified that the Certificate of Incorporation/Authority of

ALLIED HEALTH SERVICES, INC.

will be revoked after sixty (60) days from the date of this notice for failure to file Annual Report(s)
from the year 1987 ; Filing Fee \$15 each.

This notice is given pursuant to the provisions of Section 7-6-56, 7-6-85, 7-1.1-87, 7-1.1-114 of the
General Laws.

Very truly yours,

Kathleen S. Connell

Secretary of State

FOR INFORMATION CALL 277-3040

ALLIED HEALTH SERVICE
1150 RESERVOIR AVENUE
CRANSTON RI 02910