

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90118 026 ***558.75

DOCUMENT # P03000091050
 1. Entity Name
ALTERNATIVE HEALTH & HEALING CENTER, P.A.



Principal Place of Business Mailing Address
860 111TH ST. AVE. N. **860 111TH ST. AVE. N.**
UNITS 1 & 2 **UNITS 1 & 2**
NAPLES, FL 34110 34108 **NAPLES, FL 34110 34108**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

08102004 Chg-P CR2E034 (10/03)

4. FEI Number **27-0067429** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
FINUCAN, PAUL
860 111TH ST. AVE. N.
UNITS 1 & 2
NAPLES, FL 34110 34108
 7. Name and Address of New Registered Agent
 Name **FINUCAN, MARGARET**
 Street Address (P.O. Box Number is Not Acceptable)
860 111TH. AVE. N.
UNITS 1 & 2
 City **NAPLES** FL Zip Code **34108**

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Margaret Finucan **MARGARET FINUCAN, P.T** **8/11/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. T FINUCAN, MARGARET 860 111TH ST, UNITS 1 & 2 AVE. N. NAPLES, FL 34110 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S FINUCAN, PAUL 860 111TH ST, UNITS 1 & 2 AVE. N. NAPLES, FL 34110 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Finucan **MARGARET FINUCAN** **8/11/04** **239-592-7767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #