

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90032 035 \*\*\*150.00

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



Principal Place of Business: 860 111TH ST. UNITS 1 & 2 NAPLES, FL 34110  
 Mailing Address: 860 111TH ST. UNITS 1 & 2 NAPLES, FL 34110

40015616



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip 34108 Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip 34108 Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number: 27-0067427 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
 FINUCAN, MARGARET  
 860 111TH AVE N  
 UNITS 1 & 2  
 NAPLES, FL 34108

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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: P, T	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FINUCAN, MARGARET		NAME:	
STREET ADDRESS: 860 111TH AVE N UNITS 1 & 2		STREET ADDRESS:	
CITY-ST-ZIP: NAPLES, FL 34108		CITY-ST-ZIP:	
TITLE: VS	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FINUCAN, PAUL		NAME:	
STREET ADDRESS: 860 111TH AVE N UNITS 1 & 2		STREET ADDRESS:	
CITY-ST-ZIP: NAPLES, FL 34108		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Date: 1/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #