

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091050

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ALTERNATIVE HEALTH & HEALING CENTER, P.A.

**Current Principal Place of Business:**

13240 TAMIAMI TRAIL N.  
SUITE 204  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

13240 TAMIAMI TRAIL N.  
SUITE 204  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 27-0067429      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINUCAN, MARGARET  
13240 TAMIAMI TRAIL N.  
SUITE 204  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

FINUCAN, MARGARET A  
13240 TAMIAMI TRAIL N.  
SUITE 204  
NAPLES, FL 34110 US

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.

SIGNATURE: MARGARET A FINUCAN

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: FINUCAN, MARGARET A  
Address: 13240 TAMIAMI TRAIL N, SUITE 204  
City-St-Zip: NAPLES, FL 34110

Title: VP  
Name: FINUCAN, PAUL F  
Address: 13240 TAMIAMI TRAIL N.  
City-St-Zip: NAPLES, FL 34110

Title: SEC  
Name: BARTHOLOMEW, PATRICIA L  
Address: 1016 SUNRISE BLVD.  
City-St-Zip: NAPLES, F 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA L BARTHOLOMEW

SEC

02/09/2012

Electronic Signature of Signing Officer or Director

Date