

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100169

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** ALTERNATIVE HEALTH ENTERPRISES, INCORPORATED

**Current Principal Place of Business:**

261 9TH STREET SOUTH  
SUITE 17  
NAPLES, FL 34102

**New Principal Place of Business:**

1187 8TH STREET SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

261 9TH STREET SOUTH  
SUITE 17  
NAPLES, FL 34102

**New Mailing Address:**

1187 8TH STREET SOUTH  
NAPLES, FL 34102

**FEI Number:** 20-5287581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGARRY, DEBORAH  
261 9TH STREET SOUTH  
SUITE 17  
NAPLES, FL 34102 US

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

MCGARRY, DEBORAH  
1187 8TH STREET SOUTH  
NAPLES, FL 34102 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:** DEBORAH MCGARRY

02/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCGARRY, DEBORAH  
**Address:** 1187 8TH STREET SOUTH  
**City-St-Zip:** NAPLES, FL 34102

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:** DEBORAH MCGARRY

P

02/12/2010

Electronic Signature of Signing Officer or Director

Date