# 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: MARGARET FINUCAN

Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P03000091050

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

# Current Principal Place of Business:

13240 TAMIAMI TRAIL N. SUITE 204 NAPLES, FL 34110

# **Current Mailing Address:**

13240 TAMIAMI TRAIL N. SUITE 204 NAPLES, FL 34110

# FEI Number: 27-0067429

# Name and Address of Current 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 FINUCAN			01/31/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
I	SECRETARY, TREASURER, PRESIDENT FINUCAN, MARGARET A	Title	VP	
		Name	FINUCAN, PAUL F	
		Address	13240 TAMIAMI TRAIL N.	
Address	13240 TAMIAMI TRAIL N, SUITE 204	City-State-Zip:	NAPLES FL 34110	
City-State-Zip:	NAPLES FL 34110	ony olute zip.		

Certificate of Status Desired: No

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Date

01/31/2018

## FILED Jan 31, 2018 Secretary of State CC2012206553

PRESIDENT