

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000091050

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC0360923834**

**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

**Certificate of Status Desired:** Yes

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title SEC  
Name BARTHOLOMEW, PATRICIA L  
Address 1016 SUNRISE BLVD.  
City-State-Zip: NAPLES FL 34110-6388

*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 BARTHOLOMEW

**SECRETARY**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date