

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027486

Entity Name: ALTERNATIVE MEDICINE MEDICAL CENTER LLC

Current Principal Place of Business:

1021 NE 110 ST.
BISCAYNE PARK, FL 31161

Current Mailing Address:

1021 NE 110 ST
BISCAYNE PARK, FL 33161 US

FEI Number: 52-2150327

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DI MIAO, ANNA C
1021 NE 110 ST.
BISCAYNE PARK, FL 31161 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

Authorized Person(s) Detail :

Title MGRM
Name DI MAIO, ANNA C
Address 1021 NE 110 ST.
City-State-Zip: BISCAYNE PARK FL 31161

Title MGR
Name DI MAIO, JOHN R
Address 1021 NE 110 ST.
City-State-Zip: BISCAYNE PARK FL 31161

Title MGR
Name STANISKI, CHRISTOPHER D
Address 1021 NE 110 ST.
City-State-Zip: BISCAYNE PARK FL 31161

Title MGR
Name STANISKI, AMANDA J
Address 1021 NE 110 ST.
City-State-Zip: BISCAYNE PARK FL 31161

Title MGR
Name DI MAIO, JAMES A
Address 1021 NE 110 ST.
City-State-Zip: BISCAYNE PARK FL 31161

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNA C. DI MAIO

REGISTERED AGENT

04/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date