

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