

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027486

**Entity Name:** ALTERNATIVE MEDICINE MEDICAL CENTER LLC**Current Principal Place of Business:**3056 S STATE ROAD 7  
MIRAMAR, FL 33023**Current Mailing Address:**440 NE 164 ST  
MIAMI, FL 33162 US**FEI Number:** 52-2150327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DI MIAO, ANNA C  
3056 S STATE ROAD 7  
MIRAMAR, FL 33023 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	440 NE 164 ST
City-State-Zip:	MIAMI FL 33162

Title	MGR
Name	STANISKI, CHRISTOPHER D
Address	440 NE 164 ST
City-State-Zip:	MIAMI FL 33162

Title	MGR
Name	STANISKI, AMANDA J
Address	440 NE 164 ST
City-State-Zip:	MIAMI FL 33162

Title	MGR
Name	DI MAIO, JAMES A
Address	440 NE 164 ST
City-State-Zip:	MIAMI FL 33162

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANNA DI MAIO**MANAGER****04/30/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date