

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000165967

**Entity Name:** ALTERNATIVE MEDICAL ENTERPRISES LLC**Current Principal Place of Business:**1451 GLOBAL COURT  
SARASOTA, FL 34240**Current Mailing Address:**1451 GLOBAL COURT  
SARASOTA, FL 34240 US**FEI Number:** 47-2182464**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WRIGHT, DAVID PAUL  
1451 GLOBAL COURT  
SARASOTA, FL 34240 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 MGR  
Name PETRON, WILLIAM BORIS  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

Title MGR, PRESIDENT  
Name WRIGHT, DAVID PAUL  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

Title MGR  
Name SMULLEN, R. MICHAEL  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

Title MGR, VP  
Name READER, DAVID  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

Title MGR  
Name SCHWARTZ, MIKE  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

Title MGR  
Name RAYMOND, DAN  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

Title MGR  
Name MERLINO, GARY  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

Title MGR  
Name MILLER, MARK  
Address 1451 GLOBAL COURT  
City-State-Zip: SARASOTA FL 34240

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*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: DAVID PAUL WRIGHT****MANAGER****11/04/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	CFO
Name	STROUD, JOSEPH
Address	1451 GLOBAL COURT
City-State-Zip:	SARASOTA FL 34240