

F11000000103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AfforaForCorp 3/30/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTERNATIVE Home CARE FOR SENIORS
Name of Corporation

DOCUMENT NUMBER: F 17000000103

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICARDO Merchant
Name of Contact Person

ALTERNATIVE Home CARE FOR SENIORS
Firm/Company

6341 DELTA LEAH DR
Address

ORL, FLORIDA 32818
City/State and Zip Code

RICARDOMB5@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO Merchant at (407) 421-5464
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
ALTERNATIVE HOME CARE FOR SENIORS, INC.
2. This entity was authorized to transact business in Florida on 01/06/11 and its Florida document number is F11000000103
3. This corporation was formed under the laws of GEORGIA
4. The name and address of each officer and/or director is as follows:

Title:

DIRECTOR

Name and Address

RICARDO MERCHANT
1999 WEST COLONIAL DR. Suite 210
ORLANDO, FL 32804

PLEASE REMOVE →

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STATE OF FLORIDA
TALLAHASSEE

(Attach additional pages if necessary)

Derrick Merchant
Signature of an officer or director

Derrick Merchant
Typed or printed name of person signing

Director
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314