

L01000020803

ALTERNATIVE HEALTH CARE ASSOCIATES, L.L.C.
3391 N.E. SILVER SPRINGS BLVD.
SUITE B
OCALA, FLORIDA 34470

FILED
2002 MAY 13 AM 9:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

J. BRYAN MAY 20 2002



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Ander Frank Wilson, hereby resign as Manager
(Title)

of Alternative Health Care Associates L.L.C.
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

and affirm that the limited liability company has been notified in writing of the resignation.

Ander Frank Wilson 1-02-2002
(Signature of resigning manager, managing member or member)

SUBSCRIBED AND AFFIRMED:

On this 2nd day of January, 2002 before me, Michael John Bedarek
Personally appeared Ander Frank Wilson, personally known to me-OR-proved
to me on the basis of satisfactory evidence to be one whose name is
subscribed to the within instrument. Driver's License # W 425-006-46-303-0

Witness my hand and official seal:

Michael John Bedarek

FILING FEE IS \$25.00 Signature of Notary Public

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 2, 2002

Alternative Health Care Associates L.L.C.
3391 East Silver Springs Boulevard Suite B
Ocala Florida 34470

FILED
2002 MAY 13 AM 9:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

I, Ander Frank Wilson, current manager of Alternative Health Care Associates L.L.C. tender my immediate resignation, as of this date of January 2, 2002, from this organization.

I, Ander Frank Wilson, will no longer be active or involved in any of the policy decisions and or functions of this organization as of this date of January 2, 2002.

Please take this hand delivered instrument as my formal resignation and institute this written request immediately as of this date of January 2, 2002.

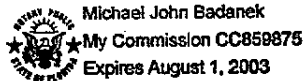
I thank you in advance for your cooperation in my request for my immediate resignation from this organization as of this date of January 2, 2002.

Sincerely

Ander Frank Wilson 1-2-2002

Ander Frank Wilson

State of Florida }
 }
Marion County }



SUBSCRIBED AND AFFIRMED:

On this 2nd day of January, 2002, before me, Michael John Badanek
Personally appeared Ander Frank Wilson, personally known to me-OR-
proved to me on the basis of satisfactory evidence to be one whose name is subscribed to
the within instrument. Driver's License Number: W 425-006-46-303-0.

Witness my hand and official seal:

Michael John Badanek
Signature of the Notary Public