


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90322 018 ****55.00

DOCUMENT # L01000020803	
1. Entity Name ALTERNATIVE HEALTH CARE ASSOCIATES, L.L.C.	

Principal Place of Business 3391 N.E. SILVER SPRINGS OCALA, FL 34470	Mailing Address 3391 N.E. SILVER SPRINGS OCALA, FL 34470 NO
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 830189
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ocala Florida
City & State	City & State 34483-0189
Zip	Country 34483-0189 U.S.A

60046859



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3757435	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent Van Wagner, Debra 4198 - East Hwy 329 Anthony FL 32617 (SEE 11-13-2006) Change See Attached	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Debra Van Wagner Debra Van Wagner 3-14-2007
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BADANEK, MICHELE L 3391 N.E. SILVER SPRINGS OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Michele L Badonek MGR 3/14/07 352-622-1157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Use Daytime Phone #

ATTACHMENT

600 46859

March 14, 2007

Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, Florida 32314

**RE: Registered agent of Alternative Health Care Assoc. L.L.C.
Document# L01000020803**

Dear Sirs:

Your office had made a mistake on the change of Registered Agents in this corporation (LLC).

Enclosed are two (2) completed forms paid for in advance by Money Orders for the resignation of the original Registered Agent, Milton Baxley II, and the replacement of a new Registered Agent, Debra Van Wagner, which occurred on the date of November 28, 2007.

Please make the necessary corrections of errors which occurred in your office after receiving the proper documents for resignation and addition of new registered agents for this corporation.

I thank you in advance for your time and cooperation in this request.

Sincerely

Michele L. Badanek (MGR)

Michele L. Badanek (MGR)

P.S. Mailing address is:

Please Change:

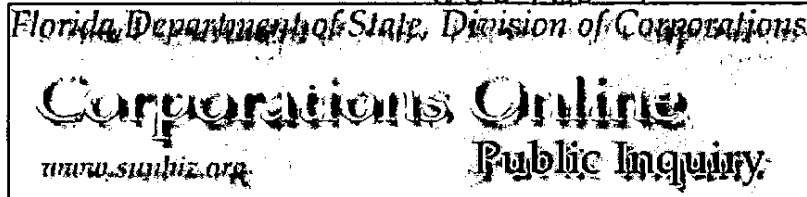
P.O. Box 830189

Ocala, Florida 34483-0189
34483-0189

Thank You

ATTACHMENT

60046859



Florida Limited Liability

ALTERNATIVE HEALTH CARE ASSOCIATES, L.L.C.

PRINCIPAL ADDRESS
3391 N.E. SILVER SPRINGS
OCALA FL 34470

MAILING ADDRESS
3391 N.E. SILVER SPRINGS
OCALA FL 34470

→ Change
P.O. Box 830189
Ocala, FL 34483-0189

Document Number
L01000020803

FEI Number
593757435

Date Filed
11/28/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
LC AMENDMENT

Event Date Filed
11/13/2006

Event Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
VAN WAGNER, DEBRA 4198 EAST HWY. 329 ANTHONY FL 32617
Registered Agent Resigned: 11/13/2006
Name Changed: 11/13/2006
Address Changed: 11/13/2006

Manager/Member Detail

Name & Address	Title
BADANEK, MICHELE L 3391 N.E. SILVER SPRINGS OCALA FL 34470	MGR

ATTACHMENT

60046859
#LC000020803

Annual Reports

Report Year	Filed Date
2004	02/04/2004
2005	03/03/2005
2006	01/12/2006

[Previous Filing](#)[Return to List](#)[Next Filing](#)[View Events](#)[No Name History Information](#)

Document Images

Listed below are the images available for this filing.

[11/13/2006 -- Reg. Agent Resignation](#)
[11/13/2006 -- Reg. Agent Change](#)
[11/13/2006 -- Off/Dir Resignation](#)
[11/13/2006 -- LC Amendment](#)
[01/12/2006 -- ANN REP/UNIFORM BUS REP](#)
[03/03/2005 -- ANN REP/UNIFORM BUS REP](#)
[02/04/2004 -- ANN REP/UNIFORM BUS REP](#)
[04/21/2003 -- ANN REP/UNIFORM BUS REP](#)
[09/15/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[11/28/2001 -- Off/Dir Resignation](#)
[11/28/2001 -- Florida Limited Liabilites](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)

State of Fla (Division of Corps)
PAY TO
11/08/06

\$30 MONEY ORDER CONDITIONS OF SALE
1) That the purchaser agrees to inscribe in ink, his name, address, date and name of the Payee and assumes responsibility for all results of his failure to do so.
2) There is a research/replacement fee in order to receive a refund.
3) That no request for refund be made unless this claim receipt is submitted therewith.
4) Copies of Money Orders will only be provided for 2 years from the date of purchase.
5) Global Express Money Orders, Inc. does not have to stop payment on Money Orders. THERE IS A RECORD MAINTENANCE SERVICE CHARGE (AS PERMITTED BY LAW) IF THIS MONEY ORDER IS NOT CASHED (PRESENTED FOR PAYMENT) WITHIN 1 YEAR FROM DATE OF PURCHASE. SEE REVERSE SIDE FOR DETAILS.
GIFT CERTIFICATE CONDITIONS OF SALE (MERCHANT AGREEMENT)
Unless this Gift Certificate is forged, altered, stolen, counterfeited or invalidly issued, the company named on the "Pay to the order of" line agrees to exchange it for merchandise only.

GLOBAL EXPRESS MONEY ORDERS, INC. PURCHASER: CLAIM RECEIPT
RETAIN THIS RECEIPT AS PROOF OF PURCHASE
248456308
State of Fla (Division of Corps)
PAY TO
11/08/06

\$25 MONEY ORDER CONDITIONS OF SALE
1) That the purchaser agrees to inscribe in ink, his name, address, date and name of the Payee and assumes responsibility for all results of his failure to do so.
2) There is a research/replacement fee in order to receive a refund.
3) That no request for refund be made unless this claim receipt is submitted therewith.
4) Copies of Money Orders will only be provided for 2 years from the date of purchase.
5) Global Express Money Orders, Inc. does not have to stop payment on Money Orders. THERE IS A RECORD MAINTENANCE SERVICE CHARGE (AS PERMITTED BY LAW) IF THIS MONEY ORDER IS NOT CASHED (PRESENTED FOR PAYMENT) WITHIN 1 YEAR FROM DATE OF PURCHASE. SEE REVERSE SIDE FOR DETAILS.
GIFT CERTIFICATE CONDITIONS OF SALE (MERCHANT AGREEMENT)
Unless this Gift Certificate is forged, altered, stolen, counterfeited or invalidly issued, the company named on the "Pay to the order of" line agrees to exchange it for merchandise only.

GLOBAL EXPRESS MONEY ORDERS, INC. PURCHASER: CLAIM RECEIPT
RETAIN THIS RECEIPT AS PROOF OF PURCHASE
248456309
State of Fla (Division of Corps)
PAY TO
11/08/06

\$55 MONEY ORDER CONDITIONS OF SALE
1) That the purchaser agrees to inscribe in ink, his name, address, date and name of the Payee and assumes responsibility for all results of his failure to do so.
2) There is a research/replacement fee in order to receive a refund.
3) That no request for refund be made unless this claim receipt is submitted therewith.
4) Copies of Money Orders will only be provided for 2 years from the date of purchase.
5) Global Express Money Orders, Inc. does not have to stop payment on Money Orders. THERE IS A RECORD MAINTENANCE SERVICE CHARGE (AS PERMITTED BY LAW) IF THIS MONEY ORDER IS NOT CASHED (PRESENTED FOR PAYMENT) WITHIN 1 YEAR FROM DATE OF PURCHASE. SEE REVERSE SIDE FOR DETAILS.
GIFT CERTIFICATE CONDITIONS OF SALE (MERCHANT AGREEMENT)
Unless this Gift Certificate is forged, altered, stolen, counterfeited or invalidly issued, the company named on the "Pay to the order of" line agrees to exchange it for merchandise only.

GLOBAL EXPRESS MONEY ORDERS, INC. PURCHASER: CLAIM RECEIPT
RETAIN THIS RECEIPT AS PROOF OF PURCHASE
248456310
State of Fla (Division of Corps)
PAY TO
11/08/06

\$85 MONEY ORDER CONDITIONS OF SALE
1) That the purchaser agrees to inscribe in ink, his name, address, date and name of the Payee and assumes responsibility for all results of his failure to do so.
2) There is a research/replacement fee in order to receive a refund.
3) That no request for refund be made unless this claim receipt is submitted therewith.
4) Copies of Money Orders will only be provided for 2 years from the date of purchase.
5) Global Express Money Orders, Inc. does not have to stop payment on Money Orders. THERE IS A RECORD MAINTENANCE SERVICE CHARGE (AS PERMITTED BY LAW) IF THIS MONEY ORDER IS NOT CASHED (PRESENTED FOR PAYMENT) WITHIN 1 YEAR FROM DATE OF PURCHASE. SEE REVERSE SIDE FOR DETAILS.
GIFT CERTIFICATE CONDITIONS OF SALE (MERCHANT AGREEMENT)
Unless this Gift Certificate is forged, altered, stolen, counterfeited or invalidly issued, the company named on the "Pay to the order of" line agrees to exchange it for merchandise only.

ATTACHMENT 60047859 248456307
#60100002085
A - O DISCOUNT BEV.
1870 11/08/06
M.O.#248456307
\$30 DOLSO0CTS
THIRTY AND 00/100 DOLLARS
NOT VALID OVER FIVE HUNDRED DOLLARS (\$500.00)
PAY TO THE ORDER OF State of Florida (Division of Corps) Arts of Amendment (New MGR)
PURCHASER: Michele L. Balanek
SIGNER: P.O. Box 830189, Ocala FL 34483
FOR DRAWER
BY SIGNING PURCHASER AGREES TO THE SERVICE CHARGE AND OTHER TERMS AND CONDITIONS ON THE REVERSE SIDE AND ON PURCHASER'S RECEIPT.
THE FACE OF THIS DOCUMENT HAS A BLUE TO RED BACKGROUND. ALTERATIONS APPEAR WHITE. NUMBER IN UPPER RIGHT IS RED ON BACK.

+10912155581 3700248456307

GLOBAL EXPRESS MONEY ORDER
PAYABLE THROUGH North American Banking Company, MN 75-1555 912
248456308
A - O DISCOUNT BEV.
1870 11/08/06
M.O.#248456308
\$25 DOLSO0CTS
TWENTY FIVE AND 00/100 DOLLARS
NOT VALID OVER FIVE HUNDRED DOLLARS (\$500.00)
PAY TO THE ORDER OF State of Florida (Division of Corps) Resignation of MGR
PURCHASER: Michele L. Balanek
SIGNER: P.O. Box 830189, Ocala FL 34483
FOR DRAWER
BY SIGNING PURCHASER AGREES TO THE SERVICE CHARGE AND OTHER TERMS AND CONDITIONS ON THE REVERSE SIDE AND ON PURCHASER'S RECEIPT.
THE FACE OF THIS DOCUMENT HAS A BLUE TO RED BACKGROUND. ALTERATIONS APPEAR WHITE. NUMBER IN UPPER RIGHT IS RED ON BACK.

+10912155581 3700248456308

GLOBAL EXPRESS MONEY ORDER
PAYABLE THROUGH North American Banking Company, MN 75-1555 912
248456309
A - O DISCOUNT BEV.
1870 11/08/06
M.O.#248456309
\$55 DOLSO0CTS
FIFTY FIVE AND 00/100 DOLLARS
NOT VALID OVER FIVE HUNDRED DOLLARS (\$500.00)
PAY TO THE ORDER OF State of Florida (Division of Corps) Registered Agent (NEW) NEW
PURCHASER: Michele L. Balanek
SIGNER: P.O. Box 830189, Ocala FL 34483
FOR DRAWER
BY SIGNING PURCHASER AGREES TO THE SERVICE CHARGE AND OTHER TERMS AND CONDITIONS ON THE REVERSE SIDE AND ON PURCHASER'S RECEIPT.
THE FACE OF THIS DOCUMENT HAS A BLUE TO RED BACKGROUND. ALTERATIONS APPEAR WHITE. NUMBER IN UPPER RIGHT IS RED ON BACK.

+10912155581 3700248456309

GLOBAL EXPRESS MONEY ORDER
PAYABLE THROUGH North American Banking Company, MN 75-1555 912
248456310
A - O DISCOUNT BEV.
1870 11/08/06
M.O.#248456310
\$85 DOLSO0CTS
EIGHTY FIVE AND 00/100 DOLLARS
NOT VALID OVER FIVE HUNDRED DOLLARS (\$500.00)
PAY TO THE ORDER OF State of Florida (Division of Corps) Resignation Registered Agent
PURCHASER: Michele L. Balanek
SIGNER: P.O. Box 830189, Ocala FL 34483
FOR DRAWER
BY SIGNING PURCHASER AGREES TO THE SERVICE CHARGE AND OTHER TERMS AND CONDITIONS ON THE REVERSE SIDE AND ON PURCHASER'S RECEIPT.
THE FACE OF THIS DOCUMENT HAS A BLUE TO RED BACKGROUND. ALTERATIONS APPEAR WHITE. NUMBER IN UPPER RIGHT IS RED ON BACK.

+10912155581 3700248456310

ATTACHMENT

600046859

#101000020803

GLOBAL EXPRESS MONEY ORDERS, INC. PURCHASER CLAIM RECEIPT
RETAIN THIS RECEIPT AS PROOF OF PURCHASE

248456310

State of FL (Division of Corp)

PAY TO

11/08/06

IF YOUR MONEY ORDER WAS LOST, MIS-
PLACED OR NOT RECEIVED BY THE PAYEE,
OBTAIN A TRACING/REFUND REQUEST FORM
FROM THE PLACE OF PURCHASE OR NEAREST
GLOBAL EXPRESS TRUSTEE. THERE IS A
RESEARCH REPLACEMENT FEE AS NOTED ON
THE TRACING/REFUND REQUEST FORM

\$85.00 MONEY ORDER CONDITIONS OF SALE

- 1.) That the purchaser agrees to inscribe in ink, his name, address, date and name of the Payee and assumes responsibility for all results of his failure to do so.
- 2.) There is a research/replacement fee in order to receive a refund.
- 3.) That no request for refund be made unless this claim receipt is submitted therewith.
- 4.) Copies of Money Orders will only be provided for 2 years from the date of purchase.
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GIFT CERTIFICATE CONDITIONS OF SALE (MERCHANT AGREEMENT)

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M 86519-M2

ATTACHMENT

60046859

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: L01000020803

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michele Leilani Badanek
(Name of Person)

Alternative Health Care Associates
(Name of Firm/Company)

P.O. Box 830189
(Address)

Ocala, Florida 34483-0189
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Leilani Badanek at (352) 274-8094
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ATTACHMENT

60046859

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MILTON H. Baxley II, hereby resigns as
(Name of Registered Agent)

Registered Agent for Alternative Health Care Associates L.L.C.
(Name of Limited Liability Company)

L01000020803

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Milton H. Baxley II (MHB)
(Signature of Resigning Agent)

If signing on behalf of an entity:

Michele Leilani Bodanek (MGR)
(Typed or Printed Name)
General Manager (MGR)
(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company ✓
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

ATTACHMENT

60046859

#601000020803



GLOBAL EXPRESS MONEY ORDERS, INC. PURCHASER: CLAIM RECEIPT
RETAIN THIS RECEIPT AS PROOF OF PURCHASE

248456309

State of FL (Division of Corp)

PAY TO

IF YOUR MONEY ORDER WAS LOST, MIS-
PLACED OR NOT RECEIVED BY THE PAYEE,
OBTAIN A TRACING/REFUND REQUEST FORM
FROM THE PLACE OF PURCHASE OR NEAREST
GLOBAL EXPRESS TRUSTEE. THERE IS A
RESEARCH REPLACEMENT FEE AS NOTED ON
THE TRACING/REFUND REQUEST FORM

11/08/06

\$55.00 MONEY ORDER CONDITIONS OF SALE

- 1.) That the purchaser agrees to inscribe in ink, his name, address, date and name of the Payee and assumes responsibility for all results of his failure to do so.
- 2.) There is a research/replacement fee in order to receive a refund.
- 3.) That no request for refund be made unless this claim receipt is submitted therewith.
- 4.) Copies of Money Orders will only be provided for 2 years from the date of purchase.
- 5.) Global Express Money Orders, Inc. does not have to stop payment on Money Orders. THERE IS A RECORD MAINTENANCE SERVICE CHARGE (AS PERMITTED BY LAW) IF THIS MONEY ORDER IS NOT CASHED (PRESENTED FOR PAYMENT) WITHIN 1 YEAR FROM DATE OF PURCHASE. **SEE REVERSE SIDE FOR DETAILS.**

GIFT CERTIFICATE CONDITIONS OF SALE (MERCHANT AGREEMENT)

Unless this Gift Certificate is forged, altered, stolen, counterfeited or invalidly issued, the company named on the "Pay to the order of" line agrees to exchange it for merchandise only.

M 86519-M2

ATTACHMENT 600 46859

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Alternative Health Care Associates, L.L.C.
2. The mailing address of the limited liability company is: P.O. Box 830189
Ocala, Florida 34483-0189
3. Date of filing/registration in Florida: 11-28-2001
4. Document number: L01000020803
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Milton H. Baxley II
Name

1929 - N.W. 12th Terrace
Address

Gainesville, Florida 32609
City, State and Zip

6. The name and address of the new registered agent and/or office:

Debra Van Wagner
Name

4198 East Hwy 329
Address

Florida street address (P.O. Box NOT acceptable)

Anthony FL 32617
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michele Leilani Badanek (MGR)
(Signature of a member or authorized representative of a member)

Michele Leilani Badanek (MGR)
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Debra Van Wagner
(Signature of Registered Agent)

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

FILING FEE: \$25.00