

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90131 037 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3757435**

Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXLEY, MILTON H II
1929 N.W. 12TH TERRACE
GAINESVILLE FL 32609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, WANDA N 3391-E SILVER SPRINGS BLVD STE #B OCALA FL 34470 (See attached)	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael Badanek 3391-E Silver Springs Blvd Ste #B Ocala Florida 34470	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11.

SIGNATURE:

Michael John Badanek

Michael John Badanek Manager (352) 351-0649

CR2E083 (10/02)

Attachment 30058114
101000020803

30058114

#101000020803

To: Alternative Health Care Associates L.L.C.

Ocala, Florida 34470

To Whom It May Concern:

As of this date, December 30, 2002, I Wanda Nan Wilson, tender my resignation as

I no longer will have an active participation in the responsibilities of management and or ,

Please immediately revoke any and all of my current and future responsibilities involved

Sincerely

Wanda Nan Watson

Wanda Nan Wilson

State of Florida)

Marion County)

On this 30th day of December, 2002, before me, Michael John Badane 12

Personally appeared Wanda Nan 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.



Expires August 1, 2003

My Commission CC859875

Witness my hand and official seal:

Mark D. Bell 12/30/2003