

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118779

**FILED**  
**Jul 11, 2007**  
**Secretary of State**

**Entity Name:** THE ALTERNATIVE HEALTH CARE CENTER LLC

**Current Principal Place of Business:**

5370 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228 US

**New Principal Place of Business:**

5370 GULF OF MEXICO DR.  
SUITE 204A  
LONGBOAT KEY, FL 34228 US

**Current Mailing Address:**

624 ST. JUDES DR.  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 20-8175686      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WALBERT, MARGOT  
5370 GULF OF MEXICO DR.  
LONGBOAT KEY, FL 34228 US

**Name and Address of New Registered Agent:**

WALBERT, MARGOT  
5370 GULF OF MEXICO DR.  
204A  
LONGBOAT KEY, FL 34228 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:

07/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALBERT, MARGOT  
Address: 624 ST.JUDES DR.  
City-St-Zip: LONGBOAT KEY, FL 34228 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARGOT WALBERT

DR

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date