

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005099

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ALTERNATIVE HEALTH MARKETING LLC

**Current Principal Place of Business:**

8252 HEDGEWOOD DR  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

8252 HEDGEWOOD DR  
FALSE  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

P.O. BOX 551675  
JACKSONVILLE, FL 32255 US

**New Mailing Address:**

FEI Number: 87-0793561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ZERINGUE, KALEB J PRES  
8434 HIGHGATE DR  
JACKSONVILLE, FL 32216 US

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

ZERINGUE, KALEB J PRES  
8252 HEDGEWOOD DR  
JACKSONVILLE, FL 32216 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: FREDDIE J. ZERINGUE JR.

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FREDDIE, ZERINGUE  
Address: 8252 HEDGEWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM  
Name: MARKETING SOLUTIONS LLC  
Address: P.O. BOX 551675  
City-St-Zip: JACKSONVILLE, FL 32255 US

I hereby 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: FREDDIE J. ZERINGUE JR.

MGR

04/30/2012

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