2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: ALTERNATIVE HEALTH & PREVENTION LLC

Current Principal Place of Business:

689 DOUGLAS AVE.
SUITE # 101
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

689 DOUGLAS AVE
SUITE # 101
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 27-1241383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUNCIL, JULIE L
2518 KIOWA TRAIL
CASSELBERRY, FL 32730 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: COUNCIL, JULIE L
Address: 2518 KIOWA TRAIL
City-St-Zip: CASSELBERRY, FL 32730

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 Statues.

SIGNATURE: JULIE L. COUNCIL MGR 04/29/2011

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