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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N42

36 (6)

FILED Mar 18 1997 8:00am Secretary of State

POSITIVE ALTERNATIVE THERAPIES IN HEALTHCARE, IN C.										
Principal Plac	e of Business	Mailing Address	Mailing Address					FILENCIA UN BIDAL U	1811 8181	1 41411 1997
9325 SW 83 ST MIAMI FL 33173		9325 SW 83 ST MIAMI FL 33173-4106								
							3. Date Incorporated or Qualified 03/14/1991	3a. Date of L 02/26		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FET Number Applied For			
21		26					65-0242102 Not Applicable			
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u>⊢</u> , '				5. Certificate of Status Desired			dditional
22		City P. Ctata							ee Req	
City & State	6	City & State	<u></u>				6. Election Campaign Financing Total Fund Contribution		.00 k	
Zip	Country	28 Zin	Zip Countr				Trust Fund Contribution Added to Fees 8. This corporation has liability for integrable tay under s. 199 032			
24	25	29	30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No			
[24]	9. Name and Address of Curr		1901	- 			10. Name and Address of New Registered Agent			
		I		81	Namo	;				
RAUCHWERBER, RITA R.					0	 .	(DO D. Alexandria)			
9325 SW				82	Street	. Addre	ss (P.O. Box Number is Not Acceptab	е)		
MIAMI FI				83			· · · · · · · · · · · · · · · · · · ·			
incan i	2 30113			ļ <u>.</u>						
				84	City			FL 85	Zip Co	ode
11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was authorities.					-name	deorpa	oration submits this statement for the p	urpose of chang	ing its	registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Horida. Such change was loations of, Section 617,0503. I	: authorize Iorida Sta	ed by futes	the co s.	rporatic	on's board of directors. Thereby accep	t the appointme	nt as re	egistered
_		·g								
SIGNATURE	Signature, typical or printed name of registered a	igent and title if applicable (NC	OTE Registere	d Agr	nt signatu	e require	d when reinstating)	DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC			
TIFLE	PD	· · · · · · · · · · · · · · · · · · ·		1 1 111LE				∐ Ch	ange	Addition
NAME	RAUCHWERGER, RITA R.		1.2 N		2 NAME					
STREET ADDRESS	9325 SW 83 ST	13		3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33173			IIY-S	T-ZIP	-	·			
TITLE	VD	□ DELFTE	217			Ì		∐ Ch	ange	Addition
NAME		10,411, 510,1		2 2 NAME						
STREET ADDRESS	9680 SW 155TH AVENUE				STREET ADDRESS 4 CITY-ST-7IP					
CITY-ST-ZIP		MIAMI FL			ST - 7IP			⊡ Ch		Addition
TITLE	D NATZ CALLY	-		3 1 1111.1		1		E OII	ива	☐ Vogition
NAME Profest Lebesco	14 (12)			3.2 NAME						
STREET ADDRESS	15476 SW 85TH LANE MIAMI FL 33193		3.3 STREET ADDRESS		1					
CITY-ST-ZIP TITLE	TD			3.4. CHY: \$1: 7IP 4.1 TITLE				☐ Ch	 апле	Addition
	JOHNSON, PAUL								mgo	
NAME Street address	10960 SW 48 ST		4.21		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165			>1Y- S						
TITLE	SD SD	DELETE	5.1 7		17.611	 -		Ch	ange	Addition
NAME	JOHNSON, MARY ELLEN		5.2 N			1			•	-
STREET ADDRESS	10960 SW 48TH ST			3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		5.4 CHY			1				
TITLE	D	DELETE	61 TI			†		☐ Ch	ange	Addition
NAME	FREEDMAN, ANN			? NAME						
STREET ADDRESS	1640 CORAL GATE DR			6.3 STREET ADDRESS						
CITY+ST-ZIP	MIAMI FL 33145		6.4 CHY-SI-7IP							
		ied with this filing does not qua				stated	in Section 119.07(3)(i), Florida Statutes	. I further certify	that th	ne

4. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Ffurther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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