2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N42786

1. Entity Name
POSITIVE ALTERNATIVE THERAPIES IN HEALTHCARE, INC.

Principal Place of Business	Mailing Address
C/O J.W. COOPER 1411 S. DIXIE HWY., #210 MIAMI, FL 33176 US	C/O J.W. COOPER 1411 S. DIXIE HWY., #210 MIAMI, FL 33176 US

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04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0242102

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAUCHWERGER, TODD
14411 S. DIXIE HWY., #210
MIAMI, FL 33176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000898251
04/25/08-80080-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREEN, STEVEN DDS
STREET ADDRESS	1692 BAYSHORE DR., #302
CITY-ST-ZIP	MIAMI, FL 33434
TITLE	T
NAME	RAUCHWERGER, TODD
STREET ADDRESS	14411 S. DIXIE HWY., #210
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	WEIR, RICHARD
STREET ADDRESS	1901 SW 82ND CT.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREASURER 4-7-08 305-259-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #