

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42786

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** POSITIVE ALTERNATIVE THERAPIES IN HEALTHCARE, INC.

**Current Principal Place of Business:**

16040 SW 81 AVENUE  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

PATH  
P.O. BOX 056-0988  
MIAMI, FL 33256 US

**New Mailing Address:**

**FEI Number:** 65-0242102      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RAUCHWERGER, TODD  
16040 SW 81 AVENUE  
MIAMI, FL 33157 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEWMAN, DAVID  
Address: 8000 SW 67TH AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: T  
Name: RAUCHWERGER, TODD  
Address: 16040 SW 81 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: VP  
Name: WEIR, RICHARD  
Address: 1901 SW 82ND CT.  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD RAUCHWERGER

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01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date