2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# N93000005519

Entity Name: ALTERNATIVE CARE, INC.

Current Principal Place of Business:

2717 SW 127TH TERR
ARCHER, FL 32618 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 659
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-3186808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, BERNARD
2717 SW 127TH TERR
ARCHER, FL 32618 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: S ( ) Delete
Name: MCPHERSON, JANICE DR.
Address: 614 SE 12TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: P (X) Delete
Name: MITCHELL, LUCIOUS
Address: 2107 NE 7TH PL
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCPHERSON, JANICE DR.
Address: 614 SE 12TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNARD MITCHELL DIRE 07/08/2009

Electronic Signature of Signing Officer or Director — Date