

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 28, 2012
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:**PO BOX 14552
GAINESVILLE, FL 32604 US**New Mailing Address:**2717 SW 127TH TERR
ARCHER, FL 32618 US**FEI Number:** 59-3186808**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MITCHELL, CHANDRA
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: P
Name: MITCHELL, BERNARD
Address: 2717 SW 127TH TERR
City-St-Zip: ARCHER, FL 32618 US

Title: VP
Name: MITCHELL, CHANDRA
Address: 2717 SW 127TH TERR
City-St-Zip: ARCHER, FL 32618 US

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: BERNARD MITCHELL

PRES

10/28/2012

Electronic Signature of Signing Officer or Director

Date