

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000010705

1. Entity Name
ALTERNATIVE HEALTHCARE CENTER, INC.



Principal Place of Business
2601 SW 37 AVE STE 607
MIAMI, FL 33133

Mailing Address
2601 SW 37 AVE STE 607
MIAMI, FL 33133



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1029396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZASLOW, DENNIS
2601 SW 37 AVE STE 607
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

UN0000025 PM 7

03/04/05-80062-008 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZASLOW, DENNIS B
STREET ADDRESS 2601 S.W. 37TH AVENUE, STE. 607
CITY-ST-ZIP MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #