

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013518

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** ALTERNATIVE WELLNESS CENTER, INC.

**Current Principal Place of Business:**

1122 THIRD STREET  
SUITE 1  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

1122 THIRD STREET  
SUITE 1  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

**FEI Number:** 02-0559460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMONT, NIKI  
1122 THIRD STREET  
SUITE 1  
NEPTUNE BEACH, FL 32266 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: LAMONT, NIKI  
Address: 68 JARDIN DR MER PLACE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D  
Name: TAYLOR, JESSICA  
Address: 37115 ARIZONA RANCH ROAD  
City-St-Zip: PORT ORFORD, OR 97465

Title: D  
Name: ORSINI, RICHARD  
Address: 68 JARDIN DE MER PLACE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NIKI LAMONT

PRES

04/20/2011

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

\_\_\_\_\_  
Date