

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 8:18

DOCUMENT # P02000113933

1. Entity Name
ALTERNATIVE HEALING HEALTH ASSOCIATES, INC.



Principal Place of Business
802 N 31ST COURT
HOLLYWOOD, FL 33021 US

Mailing Address
802 N 31ST COURT
HOLLYWOOD, FL 33021 US

REINSTATEMENT 04-05

2. Principal Place of Business

3. Mailing Address

880 N. BARBER HILL RD
Suite, Apt., etc.

880 N. Barber Hill Road
Suite, Apt., etc.



04192005 REIN-P CR2E098 (6/04)

City & State

LAMONT, FL

City & State

LAMONT, FL

4. FEI Number

04-3718685

Applied For

Not Applicable

Zip

32336

Country

USA

Zip

32336

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, LISA S
802 N 31ST COURT
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

ROCHFORD, LISA S

Street Address (P.O. Box Number is Not Acceptable)

880 N. BARBER HILL ROAD

AHHA, INC.

City

LAMONT

FL

Zip

32336

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

Lisa S. Rochford
(Lisa S. Middleton)

04/23/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MIDDLETON, LISA A *married - last name A*
STREET ADDRESS 802 N 31ST COURT *address A*
CITY-ST-ZIP HOLLYWOOD, FL 33021 *address A*

TITLE VPD
NAME ROCHFORD, TIMOTHY S
STREET ADDRESS 802 N 31ST COURT *address A*
CITY-ST-ZIP HOLLYWOOD, FL 33021 *address A*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME ROCHFORD, LISA S.
STREET ADDRESS 880 N. BARBER HILL ROAD
CITY-ST-ZIP LAMONT, FL 32336

TITLE VPD
NAME TIMOTHY ROCHFORD, TIMOTHY
STREET ADDRESS 880 N. BARBER HILL RD
CITY-ST-ZIP LAMONT, FL 32336

TITLE alternate V.P.
NAME MIDDLETON, LAUREN RAE ☐ Change ☒ Addition
STREET ADDRESS 880 N. BARBER HILL ROAD
CITY-ST-ZIP LAMONT, FL 32336

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Lisa S. Rochford
(Lisa S. Middleton)

Date

Daytime Phone #

04/23/05