

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102376

Entity Name: ALTERNATIVE CARE CENTER, INC

FILED
May 25, 2005
Secretary of State

Current Principal Place of Business:

7805 CORAL WAY
SUITE 129
MIAMI, FL 33155

Current Mailing Address:

7805 CORAL WAY
SUITE 129
MIAMI, FL 33155

New Principal Place of Business:

5840 WEST FLAGLER STREET
SUITE #6
MIAMI, FL 33144

New Mailing Address:

5840 WEST FLAGLER STREET
SUITE # 6
MIAMI, FL 33144

FEI Number: 04-3774321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL CUETO, CARMEN L
15121 SW 34TH TERRACE
MIAMI, FL 33185 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL CUETO, CARMEN L M.D>
Address: 15121 SW 34TH TERRACE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, ILEANA
Address: 3021 OAK AVENUE APT #1
City-St-Zip: MIAMI, FL 33133

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

SIGNATURE: ILEANA GARCIA

P

05/25/2005

Electronic Signature of Signing Officer or Director

Date