## 2006 FOR PROFIT CORPORATION ANNUAL REPORT .

## Jun 15, 2006 8:00 am Secretary of State **DOCUMENT # P05000085675** 05-02-2006 90243 001 \*\*\*150.00 ALTÉRNATIVES CARE SERVICES CORP. 05-02-2006 90243 002 \*\*\*\*\*8.75 Mailing Address Principal Place of Business 1251 SANDESTIN WAY 1251 SANDESTIN WAY ORLANDO, FL 32824 ORLANDO, FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04102006 CR2E034 (11/05) City & State City & State 4. FFI Number Applied For 371513160 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTIAGO, BRENDALYS N Street Address (P.O. Box Number is Not Acceptable) 1251 SANDESTIN WAY ORLANDO, FL 32824 Zip Code 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 :: Bignature, typed or ponted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWID FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OPT · TITLE Oelote TITLE ☐ Change ☐ Addition SANTIAGO, BRENDALYS N NAME HAME STREET ADDRESS 1251 SANDESTIN WAY STREET ADDRESS DIV.ST. NP ORLANDO, FL 32824 CITY-SJ-77P IIILE Detete IIITE ☐ Change ☐ Addition NEGRON, VIRGINIA S NUME 1324 CARPENTER BRANCH CT STREET ADDRESS STREET ADDRESS CITY-ST-27P OVIEDO, FL 32765 CITY-S1-ZP IIILE ☐ Detete HILE ■ Addition ☐ Chance HARA HAME STREET ADDRESS STREET ADDRESS CITY-S1-ZP CTY-\$1-ZP IIILE ☐ Celete IINE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete ME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-SI-7IP TITLE ☐ Delete FITLE ☐ Change ☐ Addition NUKE STREET ADDRESS STREET ADDRESS C17+S1-78P CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 logal 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. Agrilago 4/20/00 321-277-9925

FILED

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-002 45999-0023

66019031

#P0500085675 Date of this notice: 07-21-2005

Employer Identification Number:

37-1513160

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

ALTERNATIVE CARE SERVICES CORP % BRENDALYS NORMANDIA 1251 SANDESTIN WAY ORLANDO FL 32824

001079.209527.0007.001 2 MB 0.534 1204

101079

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 37-1513160. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1120

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)