2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# P05000121537

Entity Name: ALTERNATIVE HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

1500 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1500 WEST CYPRESS CREEK ROAD
SUITE 202
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1500 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

New Mailing Address:

1500 WEST CYPRESS CREEK ROAD
SUITE 202
FORT LAUDERDALE, FL 33309

FEI Number: 13-4305725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KATZ, DALE
Address: 1500 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VD ( ) Delete
Name: AYALA, REBECCA
Address: 1500 WEST CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DALE KATZ PD 04/13/2006

Electronic Signature of Signing Officer or Director — Date