

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051480

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: ALTERNATIVE HEALTHCARE RESOURCES, INC.

## Current Principal Place of Business:

204 SOUTH DIXIE DRIVE  
HAINES CITY, FL 33844

## New Principal Place of Business:

204 SOUTH DIXIE DRIVE  
SUITE B  
HAINES CITY, FL 33844

## Current Mailing Address:

1499 BEACON DRIVE  
KISSIMMEE, FL 34746

## New Mailing Address:

204 SOUTH DIXIE DRIVE  
SUITE B  
HAINES CITY, FL 33844

FEI Number: 20-4672454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NUGUID, RAMON T  
1499 BEACON DRIVE  
KISSIMMEE, FL 34746 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: PC ( ) Delete  
Name: NUGUID, RAMON T  
Address: 1499 BEACON DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VD ( ) Delete  
Name: KEE, ALAN Y  
Address: 6072 LAKE MELROSE DRIVE  
City-St-Zip: ORLANDO, FL 32829

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T ( ) Change (X) Addition  
Name: SANTIAGO, RODEL S  
Address: 8781 WARWICK SHORE CROSSING  
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify 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: RAMON NUGUID

PC

02/24/2009

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

\_\_\_\_\_  
Date