

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051480

FILED
Jan 19, 2010
Secretary of State

Entity Name: ALTERNATIVE HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

204 SOUTH DIXIE DRIVE
SUITE B
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

204 SOUTH DIXIE DRIVE
SUITE B
HAINES CITY, FL 33844

New Mailing Address:

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

I hereby 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 all other like empowered.

SIGNATURE: RAMON T. NUGUID

CEO

01/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date