

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051480

**FILED**  
**Feb 14, 2011**  
**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:**

210 S, DIXIE DR  
HAINES CITY, FL 33844

**Current Mailing Address:**

204 SOUTH DIXIE DRIVE  
SUITE B  
HAINES CITY, FL 33844

**New Mailing Address:**

210 S, DIXIE DR  
HAINES CITY, FL 33844

**FEI Number:** 20-4672454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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

**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 NUGUID

PC

02/14/2011

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

\_\_\_\_\_ Date