

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054449

FILED
Jan 19, 2007
Secretary of State

Entity Name: ALTERNATIVE MEDICAL HEALTHCARE SERVICES, CORP

Current Principal Place of Business:

2255 SW 32 AVE #208
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2255 SW 32 AVE #208
MIAMI, FL 33145

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERO, MONICA
2734 BIRD AVE
APT # 206
MIAMI, FL 33133 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: P () Delete
Name: RIVERO, MONICA
Address: 2734 BIRD AVE. APT # 206
City-St-Zip: MIAMI, FL 33133

Title: V () Delete
Name: FONTANELA, CARLOS A
Address: 2734 BIRD AVE. APT # 206
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: FONTELA, CARLOS A
Address: 6465 SW 30 ST
City-St-Zip: MIAMI, FL 33155

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: MONICA RIVERO

P

01/19/2007

Electronic Signature of Signing Officer or Director

Date