

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2010
Secretary of State

Entity Name: ALTERNATIVE MEDICAL HEALTHCARE SERVICES, CORP

Current Principal Place of Business:

7154 SW 47 STREET
2ND FLOOR, STE C
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7154 SW 47 STREET
2ND FLOOR, STE C
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-4735318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERO, MONICA
6650 SW 79 AVE
MIAMI, FL 33143 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
Name: RIVERO, MONICA
Address: 6650 SW 79 AVE
City-St-Zip: MIAMI, FL 33143

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: MONICA RIVERO

P

01/09/2010

Electronic Signature of Signing Officer or Director

Date