

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000054449

**FILED**  
**Jan 31, 2011**  
**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:**

7154 SW 47 STREET  
STE C  
MIAMI, FL 33155

**Current Mailing Address:**

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

**New Mailing Address:**

7154 SW 47 STREET  
STE C  
MIAMI, FL 33155

**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:**

RIVERO, MONICA  
1800 S. OCEAN DRIVE  
HALLANDALE BEACH, FL 33009 US

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: MONICA RIVERO

01/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVERO, MONICA  
Address: 1800 S. OCEAN DRIVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

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

01/31/2011

Electronic Signature of Signing Officer or Director

Date