

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034958

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALTERNATIVE PHYSICAL MEDICINE, INC.

Current Principal Place of Business:

7911 NW 72 AVE SUITE 103 A-B
MIAMI, FL 33166

New Principal Place of Business:

7911 NW 72 AVE SUITE 214-B
MIAMI, FL 33166

Current Mailing Address:

7911 NW 72 AVE SUITE 103 A-B
MIAMI, FL 33166

New Mailing Address:

PO BOX 669215
MIAMI, FL 33166

FEI Number: 45-0554683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELGADO, MARTHA
7911 NW 72 AVE SUITE 103 A-B
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DELGADO, MARTHA
7911 NW 72 AVE SUITE 214-B
MIAMI, FL 33166 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: MARTHA DELGADO ,PD

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELGADO, MARTHA
Address: 7911 NW 72 AVE SUITE 103 A-B
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELGADO, MARTHA
Address: 7911 NW 72 AVE SUITE 214-B
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: MARTHA DELGADO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date