2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000018266

Entity Name: ALTERNATIVE HEALTH SOLUTIONS MD, INC.

Current Principal Place of Business:

9919 N US HWY 301
TAMPA, FL 33637

New Principal Place of Business:

9026 NAVAJO AVE
9919 HWY 301 N.
TAMPA, FL 33637

Current Mailing Address:

9919 N US HWY 301
TAMPA, FL 33637

New Mailing Address:

9026 NAVAJO AVE
9919 HWY 301 N.
TAMPA, FL 33637

FEI Number: 26-1839782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BENITEZ, ALFONSO J
9026 NAVAJO AVE.
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

BENITEZ, ALFONSO J
9026 NAVAJO AVE
9919 HWY 301 N.
TAMPA, FLA, FL 33637 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: JOHN BENITEZ 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BENITEZ, ALFONSO J
Address: 9026 NAVAJO AVE.
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BENITEZ, ALFONSO J
Address: 9026 NAVAJO AVE 9919 HWY 301 N.
City-St-Zip: TAMPA, FL 33637

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: JOHN BENITEZ P 04/29/2009
Electronic Signature of Signing Officer or Director Date