2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2010
Secretary of State

DOCUMENT# P09000094270

Entity Name: A ALTERNATIVE HEALTH CENTER, P.A.

Current Principal Place of Business:

35170 US HWY 19N
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

35170 US HWY 19N
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 27-1330714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCRAY, SHARON
4916 POMPANO DRIVE
NEW PORT RICHEY, FL 34652 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: PRES
Name: MCCRAY, SHARON
Address: 4916 POMPANO DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: SHARON KAY MCCRAY PRES 01/20/2010

Electronic Signature of Signing Officer or Director Date