

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000059139

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** ALTERNATIVE SOLUTIONS MEDICAL BILLING SERVICE, INC.

**Current Principal Place of Business:**

8660 COBBLESTONE POINT CIR.  
BOYNTON BCH, FL 33472

**New Principal Place of Business:**

**Current Mailing Address:**

8660 COBBLESTONE POINT CIR.  
BOYNTON BCH, FL 33472

**New Mailing Address:**

**FEI Number:** 80-0623475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, MARIBEL  
8660 COBBLESTONE POINT CIR.  
BOYNTON BCH, FL 33472 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRUZ, MARIBEL  
Address: 8660 COBBLESTONE POINT CIR.  
City-St-Zip: BOYNTON BCH, FL 33472

Title: VD  
Name: CRUZ, HECTOR  
Address: 8660 COBBLESTONE POINT CIR.  
City-St-Zip: BOYNTON BCH, FL 33472

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: MARIBEL CRUZ

PD

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date