2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

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Entity Name: ALTERNATIVE MEDICAL PROVIDERS, P.A.

Current Principal Place of Business:

2353 RIO PINAR LAKES BLVD
ORLANDO, FL 32822

New Principal Place of Business:

1298 MINNESOTA AVENUE
SUITE A
WINTER PARK, FL 32789

Current Mailing Address:

2353 RIO PINAR LAKES BLVD
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 45-2800109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLORZANO, BAYARDO E
2353 RIO PINAR LAKES BLVD
ORLANDO, FL 32822 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: P
Name: SOLORZANO, BAYARDO E
Address: RIO PINAR LAKES BLVD
City-St-Zip: ORLANDO, FL 32822 US

Title: VP
Name: SOLORZANO, MARIA A
Address: 2353 RIO PINAR LAKES BLVD
City-St-Zip: ORLANDO, FL 32822 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: BAYARDO E SOLORZANO P 01/06/2012

Electronic Signature of Signing Officer or Director — Date