

P/2000092671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

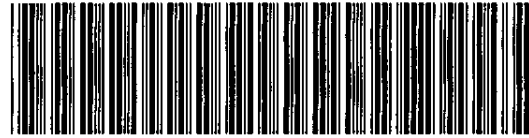
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WR-52964

Office Use Only



700240794057

10/15/12--01029--019 \*\*130.00

10/26/12--01013--020 \*\*113.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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**D. BRUCE**

NOV 06 2012

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2012

WILLIAM H. WYTENBACH MD  
20 BARKLEY CIRCLE, SUITE 201  
FORT MYERS, FL 33908

SUBJECT: ALTERNATIVE MEDICAL CENTER LLC  
Ref. Number: W12000052964

We have received your document for ALTERNATIVE MEDICAL CENTER LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P11000101700.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Regulatory Specialist II

Letter Number: 912A00026904

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2012

WILLIAM H. WYTTEBACH MD  
20 BARKLEY CIRCLE, SUITE 201  
FORT MYERS, FL 33908

SUBJECT: ALTERNATIVE MEDICAL CENTER LLC  
Ref. Number: W12000052964

We have received your document for ALTERNATIVE MEDICAL CENTER LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed are the two different documents received by our office. Please indicate which document should be filed. To file the Conversion to convert a Florida LLC to a Corporation, the LCC must have a active registration on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 012A00026645

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2012

WILLIAM H. WYTENBACH MD  
20 BARKLEY CIRCLE, SUITE 201  
FORT MYERS, FL 33908

SUBJECT: ALTERNATIVE MEDICAL CENTER LLC  
Ref. Number: W12000052964

We have received your document for ALTERNATIVE MEDICAL CENTER LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P11000101700 "ALTERNATIVE MEDICAL CENTER INC".

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's

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TALLAHASSEE, FLORIDA

requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 712A00025453

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALTERNATIVE Medical Center LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM H. WYTTEBACH MD  
Name of Person

ALTERNATIVE Medical Center LLC.  
Firm/Company

20 BARKLEY Circle Suite 201  
Address

Font Myers, FL 33908  
City/State and Zip Code

Williamwyttbach@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID COURSON at (941) 815-1103  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ALTERNATIVE MEDICAL INSTITUTE Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

20 BARCKLEY Circle  
Suite 201  
FORT MYERS, FL 33908

Mailing address, if different is:

12462 Krome Ave  
PORT CHARLOTTE FL 33981

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical Practice

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID CAURSON  
Address: 12462 Krome Ave  
PORT CHARLOTTE FL 33981

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William H. Wyttenbach MD.  
Address: 19910 S. Tamiami Trail  
Estero, FL 33928

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

David Caurson

Required Signature/Registered Agent

10/23/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

William H. Wyttenbach MD.

Required Signature/Incorporator

10-23-2012

Date

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TALLAHASSEE, FLORIDA