FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:49

DOCUMENT # **P94000029297 (6)**

ALTERNATIVE HEALTHCARE CENTER, INC.

Principal Place of Business	Mailing Address
6756 PINES BLVD PEMBROKE PINES FL 33024	6756 PINES BLVD PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 04/15/1994

4. FEI Number: 65-0489605

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

LUCARELLI, JENNIFER L
6756 PINES BLVD
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: Owner / President
NAME: Jennifer L Lucarelli
STREET ADDRESS: 6756 Pines Blvd / Home 8411 S.W. 7th St
CITY-ST-ZIP: Pembroke Pines, Fl 33024 / Pembroke Pines, FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

REMITTED BY

14. I the undersigned officer or director of the corporation, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jennifer Lucarelli — Jennifer Lucarelli — 4-28-95 — (305) 981-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006181 CP