

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096670 (1)

1. Corporation Name

ALTERNATIVE HEALTH NETWORK, INC.



Principal Place of Business

11823 COASTAL LANE WEST
JACKSONVILLE FL 32258

Mailing Address

11823 COASTAL LANE WEST
JACKSONVILLE FL 32258

2. Principal Place of Business

21 11823 COASTAL LN. W

Suite, Apt. #, etc.

22 JACKSONVILLE

City & State

23 JACKSONVILLE, FL

Zip

24 32258

Country

25 DUAL

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

NEW Business

4. FEI Number

☒ Applied For

☐ Not Applicable

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ALVAREZ, TED JR.
11823 COASTAL LANE WEST
JACKSONVILLE FL 32258

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 607.1508, 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

Signature typed or printed below name of registered agent or director as applicable. (NOTE: Registered Agent Signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

SIGNATURE: Ted Alvarez Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED ALVAREZ JR

600001853856

-06/06/95--01084--003

***200.00

05-01-96 OR

CR2E034 (12/95)