

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000028488 (0)**

1. Corporation Name

ALTERNATIVE MEDICAL SUPPLIES, INC.

Principal Place of Business

**11824 FOREST HILL BLVD.
SUITE 22-113
WELLINGTON FL 33414**

Mailing Address

**11824 FOREST HILL BLVD.
SUITE 22-113
WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0654780	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAVIS, RICHARD T ESQ 250 AUSTRALIAN AVE., SOUTH SUITE 1601 WEST PALM BEACH FL 33401				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input checked="" type="checkbox"/> DELETE	11 TITLE	P/D/M/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLICKMAN, ANDREW	12 NAME	ROGERS, STEPHEN TRENT
STREET ADDRESS	15780 CEDAR GROVE LANE	13 STREET ADDRESS	1085 AVIARY ROAD
CITY-ST-ZIP	WELLINGTON FL 33414	14 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input type="checkbox"/> DELETE	21 TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	ROGERS, MELISSA
STREET ADDRESS		23 STREET ADDRESS	1085 AVIARY ROAD
CITY-ST-ZIP		24 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input type="checkbox"/> DELETE	31 TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	CHEATHAM, MARYANN
STREET ADDRESS		33 STREET ADDRESS	12618 BUCKLAND STREET
CITY-ST-ZIP		34 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input type="checkbox"/> DELETE	41 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	CHEATHAM, TROY
STREET ADDRESS		43 STREET ADDRESS	12618 BUCKLAND STREET
CITY-ST-ZIP		44 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Stephen Trent Rogers

STEPHEN TRENT ROGERS

11-77-98

FW-343-1254

CR2E034 (10/97)