

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

DOCUMENT # P96000055459 (7)

1. Corporation Name

ALTERNATIVE HEALTH CENTERS, INC.



Principal Place of Business

Mailing Address

~~14750 N.W. 77TH COURT~~
~~SUITE 300~~
~~MIAMI LAKES FL 33016-1507~~

~~14750 N.W. 77TH COURT~~
~~SUITE 300~~
~~MIAMI LAKES FL 33016-1507~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

4. FEI Number

65-0682156

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1873 N. Pine Island Rd

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Plantation, Florida

City & State

28

Zip

24 33322

Country

25 Broward

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MARKS, JEFFREY N
1990 N.E. 163RD STREET
SUITE 205
MIAMI FL 33162

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 name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

SMITH, WILMA

~~14750 N.W. 77TH COURT SUITE 300~~

~~MIAMI LAKES FL 33016-1507~~

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

BLYWEISS, DAVID MD

~~14750 N.W. 77TH COURT SUITE 300~~

~~MIAMI LAKES FL 33016-1507~~

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

EISENMAN, ZACHERY

~~14750 N.W. 77TH COURT SUITE 300~~

~~MIAMI LAKES FL 33016-1507~~

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

SPECTOR, ALAN

~~14750 N.W. 77TH COURT SUITE 300~~

~~MIAMI LAKES FL 33016-1507~~

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1873 North Pine Island Road
Plantation, Florida 33322

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

1873 North Pine Island Road
Plantation, Florida 33322

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

1873 North Pine Island Road
Plantation, Florida 33322

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

1873 North Pine Island Road
Plantation, Florida 33322

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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

[Signature]

4/28/98 051424076

CR2E034 (10/97)