

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 # P96000055459 (7)

1. Corporation Name
ALTERNATIVE HEALTH CENTERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14750 N.W. 77TH COURT SUITE 300 MIAMI LAKES FL 33016-1507	Mailing Address 14750 N.W. 77TH COURT SUITE 300 MIAMI LAKES FL 33016-1507
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3. Date Incorporated or Qualified
06/28/1996

2. Principal Place of Business 21 1873 N. Pine Island Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.
City & State 23 Plantation, Florida	City & State 27
Zip 24 33322	Country 25 Broward

4. FEI Number 65-0682156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85 Zip Code

FL

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILMA	1.2 NAME	
STREET ADDRESS	14750 N.W. 77TH COURT SUITE 300	1.3 STREET ADDRESS	1873 North Pine Island Road
CITY-ST-ZIP	MIAMI LAKES FL 33016-1507	1.4 CITY-ST-ZIP	Plantation, Florida 33322
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLYWEISS, DAVID MD	2.2 NAME	
STREET ADDRESS	14750 N.W. 77TH COURT SUITE 300	2.3 STREET ADDRESS	1873 North Pine Island Road
CITY-ST-ZIP	MIAMI LAKES FL 33016-1507	2.4 CITY-ST-ZIP	Plantation, Florida 33322
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENMAN, ZACHERY	3.2 NAME	
STREET ADDRESS	14750 N.W. 77TH COURT SUITE 300	3.3 STREET ADDRESS	1873 North Pine Island Road
CITY-ST-ZIP	MIAMI LAKES FL 33016-1507	3.4 CITY-ST-ZIP	Plantation, Florida 33322
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, ALAN	4.2 NAME	
STREET ADDRESS	14750 N.W. 77TH COURT SUITE 300	4.3 STREET ADDRESS	1873 North Pine Island Road
CITY-ST-ZIP	MIAMI LAKES FL 33016-1507	4.4 CITY-ST-ZIP	Plantation, Florida 33322
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **4/28/98**

CR2E034 (10/97)