

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

FILED
Jan 28 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 # P97000014735 (9)

1. Corporation Name

ALTERNATIVES HEALING CENTER, INC.

Principal Place of Business

Mailing Address

1551 S 1ST STREET #704
JACKSONVILLE BEACH FL 32250

1551 S 1ST STREET #704
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

59-3432817

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 2692 US1 SOUTH

Suite, Apt. #, etc.

22 SUITE 211

City & State

23 ST. AUGUSTINE, FL

Zip

24 32086

Country

25 ST. JOHNS

2a. Mailing Address

26 2692 US1 SOUTH

Suite, Apt. #, etc.

27 SUITE 211

City & State

28 ST. AUGUSTINE, FL

Zip

29 32086

Country

30 ST. JOHNS

9. Name and Address of Current Registered Agent

LAMBERSON, TRISH M
1551 S 1ST STREET #704
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name DANIEL E. LESTER DMC, C.H.T.

82 Street Address (P.O. Box Number is Not Acceptable)

83 6170 AIA SO. #203

84 City

ST. AUGUSTINE

FL

85 Zip Code

32084

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

Daniel E. Lester
Signature, typed or printed name of registered agent and title if applicable

DANIEL E. LESTER

1/13/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETE

NAME LAMBERSON, TRISH M
STREET ADDRESS 1551 S 1ST STREET #704
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition

1.2 NAME LESTER, DANIEL E

1.3 STREET ADDRESS 6170 AIA. SO. #203

1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32083

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Daniel E. Lester

DANIEL E. LESTER

1-13-98

CR2E034 (10/97)