

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030628

FILED
Mar 24, 2009
Secretary of State

Entity Name: ALTERNATIVE HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

2238 W ATLANTIC AVE
DELRAY BEACH, FL 33445

New Principal Place of Business:

8248 PALM GATE DR
BOYNTON BEACH, FL 33436

Current Mailing Address:

8248 PALM GATE DRIVE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 65-0740829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAWROTNY, CHRISTOPHER J D.C.
2238 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

ZAWROTNY, CHRISTOPHER J D.C.
8248 PALM GATE DR.
BOYNTON BEACH, FL 33436 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: ZAWROTNY, CHRISTOPHER J D.C.
Address: 2238 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. ZAWROTNY, D.C.

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date