

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000099946

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED HEALTHCARE ALTERNATIVES, INC.

**Current Principal Place of Business:**

5404 MAIN STREET  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5404 MAIN STREET  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 59-3479932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCREYNOLDS, SHARON A  
5404 MAIN ST.  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: MCREYNOLDS, SHARON A  
Address: 8809 SHENANDOAH LANE  
City-St-Zip: HUDSON, FL 34667

Title: V  
Name: MCREYNOLDS, JEFFREY  
Address: 8809 SHENANDOAH LANE  
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: SHARON A. MCREYNOLDS

PRES

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date