

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028124

FILED
Mar 15, 2011
Secretary of State

Entity Name: ALTERNATIVE HEALTH PLAN, INC.

Current Principal Place of Business:

150-153RD AVE. STE. 303
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

150-153RD AVE. STE. 303
ST. PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-3633609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANT, CAROL E
150-153RD AVE. STE. 303
ST. PETERSBURG, FL 33708 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: PT
Name: PLASTER, LINDA J
Address: 150-153RD AVE. STE. 303
City-St-Zip: ST. PETERSBURG, FL 33708

Title: VS
Name: FANT, CAROL E
Address: 150-153RD AVE SUITE 303
City-St-Zip: SAINT PETERSBURG, FL 33708

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: CAROL E. FANT

VS

03/15/2011

Electronic Signature of Signing Officer or Director

Date