

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90216 006 ***158.75

DOCUMENT # P99000091846

1. Entity Name

WEST ALTERNATIVE MEDICINE, INC.

Principal Place of Business	Mailing Address
1490 W. 49TH PLACE SUITE 390 HIALEAH FL 33012	1490 W. 49TH PLACE SUITE 390 HIALEAH FL 33012-3196

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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LOPEZ, CELESTINO	Street Address
1490 W. 49TH PLACE	
SUITE 390	
HIALEAH FL 33012	City

4. FEI Number 65-0961526	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

FL Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CELESTINO <input type="checkbox"/> Delete 1490 W. 49TH PLACE STE. 390 HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANGEL FERNANDEZ, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 851 GARDET Circle WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORA, FRANCISCO, SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15100 FALKER Place MIAMI LAKE, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, AURELIO, TRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9400 W. FLAG ST., Apt. 401 MIA. FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 registered justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)