

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000091912

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** ALTERNATIVE HEALING CONCEPTS, INC.

**Current Principal Place of Business:**

2881 S.W. 85TH WAY  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

2881 S.W. 85TH WAY  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 65-0967889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANDEL, ANDREA  
2881 S.W. 85TH WAY  
DAVIE, FL 33328 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MANDEL, ANDREA  
**Address:** 2881 S.W. 85TH WAY  
**City-St-Zip:** DAVIE, FL 33328

**Title:** VD  
**Name:** MANDEL, ALAN  
**Address:** 2881 S.W. 85TH WAY  
**City-St-Zip:** DAVIE, FL 33328

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:** ANDREA MANDEL

PD

04/04/2010

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

\_\_\_\_\_  
Date