

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054449

Entity Name: ALTERNATIVE MEDICAL HEALTHCARE SERVICES, CORP

Current Principal Place of Business:

7154 SW 47 STREET
STE C
MIAMI, FL 33155

Current Mailing Address:

7154 SW 47 STREET
STE C
MIAMI, FL 33155

FEI Number: 20-4735318

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RIVERO, MONICA
1800 S. OCEAN DRIVE
APT # 1103
HALLANDALE BEACH, FL 33009 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RIVERO, MONICA
Address 1800 S. OCEAN DRIVE APT# 1103
City-State-Zip: HALLANDALE BEACH FL 33009

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: MONICA RIVERO

OWNER/ADMINISTRATOR 01/10/2013

Electronic Signature of Signing Officer/Director Detail

Date