

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000054449

**Entity Name:** ALTERNATIVE MEDICAL HEALTHCARE SERVICES, CORP

**Current Principal Place of Business:**

7071 SW 47 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

7071 SW 47 STREET  
MIAMI, FL 33155 US

**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

P

03/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date