

2025 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:** No**Name and Address of Current Registered Agent:**RIVERO, MONICA
7071 SW 47 STREET
MIAMI, FL 33155 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	CEO
Name	RIVERO, MONICA
Address	7071 SW 47 STREET
City-State-Zip:	MIAMI FL 33155

Title	O
Name	RAMOS, VERONICA
Address	7071 SW 47 STREET
City-State-Zip:	MIAMI FL 33155

Title	O
Name	RAMOS, RAUL
Address	7071 SW 47 STREET
City-State-Zip:	MIAMI FL 33155

Title	O
Name	FERNANDEZ, ALEXANDER J.
Address	7071 SW 47 STREET
City-State-Zip:	MIAMI FL 33155

Title	O
Name	FERNANDEZ, ANDRES F.
Address	7071 SW 47 STREET
City-State-Zip:	MIAMI FL 33155

Title	VP
Name	FERNANDEZ, FAUSTINO
Address	7071 SW 47 STREET
City-State-Zip:	MIAMI FL 33155

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****02/10/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date