

2019 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
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

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

CEO

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date