

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000009142

Entity Name: ALTERNATIVE SOLUTIONS MEDICAL RESEARCH & PREVENTION CENTER, LLC

Current Principal Place of Business:

2849 SEABREEZE DR
GULFPORT, FL 33707

Current Mailing Address:

2849 SEABREEZE DR
GULFPORT, FL 33707

FEI Number: 27-1751018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAULA, GIOVANNI
2849 SEABREEZE DR
GULFPORT, FL 33707 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

Authorized Person(s) Detail :

Title MGRM
Name BAULA, GIOVANNI
Address 2849 SEABREEZE DR
City-State-Zip: GULFPORT FL 33707

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GIOVANNI BAULA

PRESIDENT

01/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date