

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000009142

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

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC1146140345**

**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**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date