

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000064260

**Entity Name:** ALTERNATIVE HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

4396 CAROLWOOD STREET  
ORLANDO, FL 32812

**Current Mailing Address:**

4396 CAROLWOOD STREET  
ORLANDO, FL 32812 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RHEA, DOUGLAS M  
4396 CAROLWOOD STREET  
ORLANDO, FL 32812 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 RHEA, DOUGLAS M  
Address 4396 CAROLWOOD STREET  
City-State-Zip: ORLANDO FL 32812

Title MGRM  
Name RHEA, LYNNE A  
Address 4396 CAROLWOOD STREET  
City-State-Zip: ORLANDO FL 32812

*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:** DOUGLAS M RHEA

MGRM

04/17/2019

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

\_\_\_\_\_  
Date