ANNUAL	OFIT DRATION REPORT		1000	FLORIDA DEPARTI Sandra B I Secretary DIVISION OF CO	Morthain of State				
OCUME Corporation Nar		K83191	1	(2)					
ALPHA (	ORTHO-CAR	RE, INC.					8   <b>8   8   8   8   8</b>   <b>8</b>   <b>8</b>		1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>
incipal Place of B	Business		Ma	ailing Address					
1401 E 4TH AV STE 104 HALEA FL 330 US				1401 E 4TH AVE STE 104 HIALEAH FL 33010 US		3. Date incorporated or Qualific	1	e of Last Re <b>04/24/19</b>	
Principal Place	of Business			Mailing Address		4. FEI Number 65-0117590	L	A	pplied For lot Applicable
Suite, Apt. #, et	etc.		26	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional tequired
City & State			27	City & State		Election Campaign Financing     Trust Fund Contribution	)   	\$5.00	) May Be to Fees
Zip	25	ountry	28	Zip	Country	8. This corporation has liability	for intangible to		
		ddress of Current R	Regis	tered Agent	81 Name	10. Name and Address of Ne	w Règistered	Agent	
HIALEAH					84 City		P*-1	<b>85</b>   Z⊯	Code
Pursuant to the or registered a familiar with, a	he provisions of agent, or both, in	n the State of Florida :	Suci	7.1508, Florida Statutes, n change was authorized .0505, Florida Statutes.		oration submits this statement for the and of directors. Thereby accept the	FL purpose of ch appointment as	anoing its re	anistered offic
Pursuant to the or registered a familiar with, a significant with a significant signi	he provisions of agent, or both, in and accept the c	n the State of Florida obligations of Section	Suct 1607.	n change was authorized ,0505, Florida Statutes. an idan (NOTE	the above named corporation's booking the corporation's booking the corporation of the co	and or directors. Triefeby accept the	purpose of ch appointment as	anging its restreed	egistered offic agent. I am
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SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12/96 (305)88281PD