FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAR -8 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04587 (4)

1. Corporation Name

ALPHA HEALTH SERVICES, INC.

000001427140
-03/10/95--01111--007
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1025 ORANGE AVE P.O. BOX 2256. FORT PIERCE FL 34954-2256	1025 ORANGE AVE P.O. BOX 2256. FORT PIERCE FL 34954-2256

3. Date Incorporated or Qualified: 08/07/1984
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2470954 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SKINNER, T. WAYNE
1025 ORANGE AVENUE
FORT PIERCE FL 33450

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	1.1 TITLE	COB	☒ Change ☐ Addition
NAME	RIGDON, CLAY	1.2 NAME	HARBOR, FRANK	
STREET ADDRESS	3505 OLEANDER AVE	1.3 STREET ADDRESS	3240 HATCHER STREET	
CITY-ST-ZIP	FT PIERCE FL 34982	1.4 CITY-ST-ZIP	FT PIERCE FL 34981	
TITLE	D	2.1 TITLE	D	XX Change ☐ Addition
NAME	DRUMMOND, NADINE	2.2 NAME	ARNOLD, JILL	
STREET ADDRESS	P.O. BOX 1435 N/A	2.3 STREET ADDRESS	1451 BINNEY DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34954	2.4 CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRBY, ALAN	3.2 NAME		
STREET ADDRESS	211 GARDENIA AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	XX Change ☐ Addition
NAME	SIMMONS, SARA	4.2 NAME	CULLER, JUANITA	
STREET ADDRESS	10020 S. FED. HWY.	4.3 STREET ADDRESS	2705 52ND AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34982	4.4 CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	5.1 TITLE		XX Change ☐ Addition
NAME	BROWN, TODD	5.2 NAME	DELETE	
STREET ADDRESS	3326 SUNRISE BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	DEA	☐ Change ☐ Addition
NAME	SHIRLEY BARRETT, R.N.	6.2 NAME		
STREET ADDRESS	3212 LAKEVIEW CIR. # B-10-205	6.3 STREET ADDRESS	3-8	
CITY-ST-ZIP	FT. PIERCE FL 34949	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: _____ T. WAYNE SKINNER 2/17/95 (407) 465-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000010