

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 27, 2008  
Secretary of State**

DOCUMENT# P07000011067

Entity Name: ALPHA HEALTH CARE CLINIC, INC.

**Current Principal Place of Business:**

1990 NE 163RD SUITE 203  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1990 NE 163RD SUITE 203  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 87-0794439      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRUNGLASSE, MARIA E  
19436 NE 25TH AVE UNIT 82  
AVENTURA, FL 33180 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: GRUNGLASSE, MARIA E  
Address: 19436 NE 26TH AVE UNIT 82  
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete  
Name: GRUNGLASSE, RAFAEL A  
Address: 19436 NE 26TH AVE. UNIT 82  
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete  
Name: GRUNGLASSE, DEBORAH  
Address: 19436 NE 26TH AVE. UNIT 82  
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete  
Name: GRUNGLASSE, DEBORAH  
Address: 19436 NE 26TH AVE. UNIT 82  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GRUNGLASSE, MARIA E  
Address: 19436 NE 26TH AVE. UNIT 82  
City-St-Zip: AVENTURA, FL 33180

Title: T (X) Change ( ) Addition  
Name: GRUNGLASSE, MARIA E  
Address: 19436 NE 26TH AVE. UNIT 82  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA E. GRUNGLASSE

VP

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date