

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011067

FILED
Jan 18, 2010
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP
Name: SADOVNIK, JESSY
Address: 765 NE 195 STREET
City-St-Zip: MIAMI, FL 33179

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

Title: VP
Name: ALAZRACHI, NATALIE
Address: 20775 NE 32ND PLACE
City-St-Zip: AVENTURA, FL 33180 US

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 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 all other like empowered.

SIGNATURE: JESSY SADOVNIK

VP

01/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date