

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 20, 2012  
Secretary of State**

DOCUMENT# P07000011067

Entity Name: ALPHA HEALTH CARE CLINIC, INC.

**Current Principal Place of Business:**

1990 NE 163RD SUITE 102  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1990 NE 163RD SUITE 102  
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  
1990 NE 163RD STREET SUITE 102  
NORTH MIAMI BEACH, FL 33162      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  
Name: GRUNGLASSE, MARIA E  
Address: 1990 NE 163RD STREET SUITE 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP  
Name: GRUNGLASSE, MARIA E  
Address: 1990 NE 163RD STREET SUITE 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T  
Name: GRUNGLASSE, MARIA E  
Address: 1990 NE 163RD STREET SUITE 102  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MARIA ESMERALDA GRUNGLASSE

P

11/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date