

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005527

Entity Name: ALMA HEALTH, INC

Current Principal Place of Business:

6437 WINDER OAKS BLVD
ORLANDO, FL 32819

Current Mailing Address:

6437 WINDER OAKS BLVD
ORLANDO, FL 32819

FEI Number: 45-5440240

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARAQUE, ASTRID
6437 WINDER AOKS BLVD
ORLANDO, FL 32819 US

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

Officer/Director Detail :

Title PST
Name ARAQUE, ASTRID
Address 6437 WINDER OAKS BLVD
City-State-Zip: ORLANDO FL 32819

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASTRID ARAQUE

PRESIDENT

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date