

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N14000011062

Entity Name: ALPHA COMPASSION CARE, INC.

Current Principal Place of Business:

11924 FOREST HILL BLVD
SUITE 10A-243
WELLINGTON, FL 33414

Current Mailing Address:

11924 FOREST HILL BLVD
SUITE 10A-243
WELLINGTON, FL 33414 US

FEI Number: 47-2640945

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RODRIGUEZ-LOUIS, MAGALI
2070 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415 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 P
Name RODRIGUEZ-LOUIS, MAGALI
Address 1196 JACKPINE STREET
City-State-Zip: WELLINGTON FL 33414

Title VP
Name ANGLADE, MOISE W
Address 9785 HINDEL COURT
City-State-Zip: BOYNTON BEACH FL 33472

Title T
Name MONTAS, KAREN M
Address 1290 FEDERAL HIGHWAY
City-State-Zip: ROCKLEDGE FL 32955

Title S
Name REID, DANIELLE E
Address 6362 SANDY HILL WAY
City-State-Zip: LAKE WORTH FL 33463

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: MAGALI RODRIGUEZ-LOUIS

P

10/18/2016

Electronic Signature of Signing Officer/Director Detail

Date