

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011062

Entity Name: ALPHA COMPASSION CARE, INC.

Current Principal Place of Business:

2070 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

Current Mailing Address:

2070 SOUTH MILITARY TRAIL
WEST PALM BEACH, FL 33415

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 BRITO-BENITEZ, ARGENTINA MD
Address 2070 SOUTH MILITARY TRAIL
City-State-Zip: WEST PALM BEACH FL 33415

Title VP
Name MONTAS, JOSE
Address 2070 SOUTH MILITARY TRAIL
City-State-Zip: WEST PALM BEACH FL 33415

Title T
Name MONTAS, KAREN M
Address 2070 SOUTH MILITARY TRAIL
City-State-Zip: WEST PALM BEACH FL 33415

Title S
Name RODRIGUEZ-LOUIS, MAGALI
Address 2070 SOUTH MILITARY TRAIL
City-State-Zip: WEST PALM BEACH FL 33415

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: JOSE MONTAS

VP

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date