

**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