

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

**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

06/09/2015

Electronic Signature of Signing Officer/Director Detail

Date