

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011052

**Entity Name:** ALMA HEALTH MINISTRIES, INC

**Current Principal Place of Business:**

301 OLD DIXIE RD  
APOPKA, FL 32712

**Current Mailing Address:**

287 VISTA OAK DR  
LONGWOOD, FL 32779 US

**FEI Number: 83-2299448**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSENDO, LEYBERTH M MD  
287 VISTA OAK DR  
LONGWOOD, FL 32779 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 ROSENDO, LEYBERTH  
Address 2130 WHITE JASMINE CT  
City-State-Zip: APOPKA FL 32712

Title VP  
Name ROSENDO, KEVIN  
Address 2130 WHITE JASMINE CT  
City-State-Zip: APOPKA FL 32712

Title SEC  
Name ROSENDO, LEYBERTH M JR  
Address 2130 WHITE JASMINE CT  
City-State-Zip: APOPKA FL 32712

*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: LEYBERTH M ROSENDO**

**PRESIDENT**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date