

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K83191

**Entity Name:** ALPHA ORTHO-CARE, INC.

**Current Principal Place of Business:**

1401 E 4TH AVE  
STE 102  
HIALEAH, FL 33010

**Current Mailing Address:**

1401 E 4TH AVE  
STE 102  
HIALEAH, FL 33010 US

**FEI Number:** 65-0117590

**Certificate of Status Desired:** No

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

QUIRANTES JR, TULIO  
1401 E 4TH AVE  
SUITE 102  
HIALEAH, FL 33010 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:** TULIO QUIRANTES JR

04/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTSD  
Name QUIRANTES JR, TULIO  
Address 1401 E 4TH AVE  
SUITE 102  
City-State-Zip: HIALEAH FL 33010

Title VP  
Name QUIRANTES, MARIA  
Address 1401 E 4TH AVE  
SUITE 102  
City-State-Zip: HIALEAH FL 33010

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TULIO QUIRANTES JR

**PRESIDENT**

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date