

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011067

**FILED
Jan 03, 2015
Secretary of State
CC7132370043**

Entity Name: ALPHA HEALTH CARE CLINIC, INC.

Current Principal Place of Business:

1990 NE 163RD SUITE 102
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1990 NE 163RD SUITE 102
NORTH MIAMI BEACH, FL 33162

FEI Number: 87-0794439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRUNGLASSE, MARIA E
1990 NE 163RD STREET SUITE 102
NORTH MIAMI BEACH, FL 33162 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 PT
Name GRUNGLASSE, MARIA E
Address 1990 NE 163RD STREET SUITE 102
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP
Name BLUM, DEBORAH
Address 1990 NE 163RD STREET SUITE 102
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title T
Name GRUNGLASSE, MARIA E
Address 1990 NE 163RD STREET SUITE 102
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: MARIA ESMERALDA GRUNGLASSE

PRESIDENT

01/03/2015

Electronic Signature of Signing Officer/Director Detail

Date