

**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