

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000050785

**Entity Name:** ALCA'S THERAPY CORP

**Current Principal Place of Business:**

6290 NW 173 RD ST  
112  
MIAMI, FL 33015

**Current Mailing Address:**

6290 NW 173 RD ST  
112  
MIAMI, FL 33015 US

**FEI Number:** 45-5519472

**Certificate of Status Desired:** No

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

GARCIA, CLAUDIA CMRS  
6290 NW 173 RD ST  
112  
MIAMI, FL 33015 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                        | Title           | VP                       |
| Name            | GARCIA, CLAUDIA CMRS     | Name            | RODRIGUEZ, ALEXIS        |
| Address         | 6290 NW 173 RD ST<br>112 | Address         | 6290 NW 173 RD ST<br>112 |
| City-State-Zip: | MIAMI FL 33015           | City-State-Zip: | MIAMI FL 33015           |

*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:** CLAUDIA GARCIA

**PRESIDENT**

**04/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date