

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000066437

**Entity Name:** ALPHA HEALTH INSURANCE CORP

**Current Principal Place of Business:**

8175 NW 12 ST  
100  
DORAL, FL 33126

**Current Mailing Address:**

8175 NW 12 ST  
100  
DORAL, FL 33126 US

**FEI Number:** 47-4844908

**Certificate of Status Desired:** No

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

URGELLES, REINELDO SR  
8175 NW 12 ST  
100  
DORAL, FL 33126 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	URGELLES, REINELDO SR	Name	NIURVIS, LOPEZ
Address	8175 NW 12 ST 100	Address	8175 NW 12 ST 100
City-State-Zip:	DORAL FL 33126	City-State-Zip:	DORAL FL 33126

*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:** REINELDO URGELLES

P

01/23/2020

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

\_\_\_\_\_  
Date