

2021 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

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date