

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000066437

**Entity Name:** ALPHA HEALTH INSURANCE CORP

**Current Principal Place of Business:**

17930 NW 90 PL  
HIALEAH, FL 33018

**Current Mailing Address:**

17930 NW 90 PL  
HIALEAH, FL 33018

**FEI Number:** 47-4844908

**Certificate of Status Desired:** No

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

URGELLES, REINELDO SR  
17930 NW 90 PL  
HIALEAH, FL 33018 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  
Name URGELLES, REINELDO SR  
Address 17930 NW 90 PL  
City-State-Zip: HIALEAH FL 33018

Title VP  
Name NIURVIS, LOPEZ  
Address 17930 NW 90 PL  
City-State-Zip: HIALEAH FL 33018

*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

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date