

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P17000040676

**Entity Name:** ALFA NURSING SERVICES INCORPORATED

**Current Principal Place of Business:**

7875 NW 12 STREET  
103  
DORAL, FL 33126

**FILED**  
**Sep 15, 2021**  
**Secretary of State**  
**6574288825CC**

**Current Mailing Address:**

7875 NW 12 STREET  
103  
DORAL, FL 33126 US

**FEI Number:** 82-0648425

**Certificate of Status Desired:** No

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

VARELA, IDANIA L  
7875 NW 12TH STREET STE 103  
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:** IDANIA L VARELA

09/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P.  
Name MONTEAGUDO, MAYET  
Address 7875 SW 12 STREET STE 103  
City-State-Zip: DORAL FL 33126

Title VP  
Name HOLGUIN, LORENZO  
Address 7875 NW 12 STREET  
103  
City-State-Zip: DORAL FL 33126

Title TREASURER  
Name LEON, NICOLE  
Address 7875 NW 12 STREET  
103  
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:** MAYET MONTEAGUDO

P

09/15/2021

Electronic Signature of Signing Officer/Director Detail

Date