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: LORENZO HOLGUIN ESCOBAR	Р	03/30/2022			

Electronic Signature of Signing Officer/Director Detail

## 2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P17000040676

Entity Name: ALFA NURSING SERVICES INCORPORATED

# Current Principal Place of Business:

1500 NW 89TH CT STE 205 103 DORAL, FL 33172

## **Current Mailing Address:**

1500 NW 89TH CT STE 205 103 DORAL, FL 33172 US

#### FEI Number: 82-0648425

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

VARELA, IDANIA L 1500 NW 89TH CT STE 205 DORAL, FL 33166 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		03/30/2022		
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	HOLGUIN ESCOBAR, LORENZO	Name	LEON, NICOLE		
Address	1500 NW 89TH CT STE 205 103	Address	1500 NW 89 CT STE 205 103		
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172		

Certificate of Status Desired: No

FILED Mar 30, 2022 Secretary of State 0821436702CC

Date