

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000081413

Entity Name: ALPHA HEALTH CLINIC, CORP

Current Principal Place of Business:

4110 CENTER POINTE DRIVE
212-213
FORT MYERS, FL 33916

Current Mailing Address:

PO BOX 101
LEHIGH ACRES, FL 33970 US

FEI Number: 93-4589894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CECCARELLI, HARRIETTA
4110 CENTER POINTE DRIVE
FORT MYERS, FL 33916 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 CECCARELLI, HARRIETTA
Address 4110 CENTER POINTE DRIVE
City-State-Zip: FORT MYERS FL 33916

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: HARRIETTA CECCARELLI

OWNER

05/14/2024

Electronic Signature of Signing Officer/Director Detail

Date