2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2020
Secretary of State
9349707237CC

DOCUMENT# L07000086431

Entity Name: ALPHA HOMECARE & THERAPY AGENCY, LLC

Current Principal Place of Business:

401 N. WICKHAM ROAD
SUITE O
MELBOURNE, FL 32935

Current Mailing Address:

401 N. WICKHAM ROAD
SUITE O
MELBOURNE, FL 32935 US

FEI Number: 26-0792953

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CASINGAL, ARTURO A
401 N. WICKHAM ROAD
SUITE O
MELBOURNE, FL 32935 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CASINGAL, ARTURO A	Name	CASINGAL, JOCELYN C
Address	401 N. WICKHAM ROAD, SUITE O	Address	401 N. WICKHAM ROAD, SUITE O
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935

Title	MGR
Name	WILKERSON, IRENE
Address	401 N. WICKHAM ROAD SUITE O
City-State-Zip:	MELBOURNE FL 32935

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTURO A. CASINGAL PRESIDENT 05/07/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date