

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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: No

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

Title MGRM
Name CASINGAL, JOCELYN C
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 CASINGAL

PRESIDENT

03/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date