

**2020 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:** 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  
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

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