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: ELIZABETH A SILVEUS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ALPHA COUNSELING SERVICES PLLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1852 MONTE VISTA ST FORT MYERS. FL 33901

Current Mailing Address:

DOCUMENT# L17000077410

1852 MONTE VISTA ST FORT MYERS. FL 33901 US

FEI Number: 82-1148680

Name and Address of Current Registered Agent:

SILVEUS, ELIZABETH A 1852 MONTE VISTA ST FORT MYERS, FL 33901 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:	ELIZABETH A SILVEUS			04/28/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	SILVEUS, ELIZABETH A	Name	TERRELL, JOHNNIE T	
Address	1852 MONTE VISTA ST	Address	1852 MONTE VISTA ST	
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901	

04/28/2022

FILED Apr 28, 2022 Secretary of State 4340236338CC

Certificate of Status Desired: No

MANAGER

Date