## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005345

Entity Name: ALPHA (FLORIDA) MEDICAL GROUP, INC.

**Current Principal Place of Business:** 

555 BRYANT ST **STE 814** 

PALO ALTO, CA 94301

## **Current Mailing Address:**

555 BRYANT ST **STE 814** 

PALO ALTO, CA 94301 US

FEI Number: 81-2900950 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN STREET., SUITE 4 TALLAHASSEE, FL 32301 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

**FILED** Apr 10, 2024

**Secretary of State** 

2143569288CC

Officer/Director Detail:

Title TREASURER, DIRECTOR,

PRESIDENT, CEO, SECRETARY, CFO

Name LAU, GLORIA

Address 555 BRYANT ST

STE 814

City-State-Zip: PALO ALTO CA 94301

Title **DIRECTOR** 

UGRAS, GEORGE Name

Address 530 LYTTON AVE S.304

City-State-Zip: PALO ALTO CA 94301

Title **DIRECTOR** 

Name MORBECK, KRISTEN

Address 2001 6TH AVENUE **SUITE 3400** 

SEATTLE WA 98121 City-State-Zip:

Name LIM, RICHARD

Title

Address 245 LYTTON AVE #350

DIRECTOR

PAN ALTO CA 94301 City-State-Zip:

Title **DIRECTOR** 

Name BATTLES, KELLY

745 OLIVE ST Address

City-State-Zip: MENLO PARK CA 94025

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.

04/10/2024 **PRESIDENT** SIGNATURE: GLORIA LAU