


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90328 004 ***150.00

DOCUMENT # K46256					
1. Entity Name ALPHA CARE MANAGEMENT, INC.					
Principal Place of Business 1020 NE 98 ST MIAMI SHORES FL 33138			Mailing Address P. O. BOX 530526 MIAMI FL 33153 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINCKLER, MARINA 1020 N.E. 98TH STREET MIAMI SHORES FL 33138				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINCKLER, MARINA 1020 NE 98 ST MIAMI SHORES FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marina Winckler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-8-04 305 751-1020 <small>Date Daytime Phone #</small>	



MOORE CR2E034 (11/03)

4. FEI Number 65-0121298 ☐ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City _____ **FL** Zip Code _____

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE: *Marina Winckler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04 305 751-1020
Date Daytime Phone #