

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049063

Entity Name: ALPHA NATURAL HEALTH LLC

FILED  
Apr 25, 2011  
Secretary of State

**Current Principal Place of Business:**

1503 ALBERCA ST.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1503 ALBERCA ST.  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACOSTA, LUIS F  
175 SW 7TH ST  
1517  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

ACOSTA, LUIS F  
1503 ALBERCA ST  
CORAL GABLES, FL 33134 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: LUIS ACOSTA

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ACOSTA, LUIS  
Address: 1503 ALBERCA ST.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: ACOSTA, CARLOS A  
Address: 1503 ALBERCA ST.  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: ACOSTA, ALFREDO  
Address: 1503 ALBERCA ST.  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LUIS ACOSTA

MGRM

04/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date