FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03239 (3)

1. Corporation Name

ALPHA CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2215 N MILITARY TRAIL SUITE A1 W. PALM BCH. FL 33409-9301	2215 N. MILITARY TRAIL A-1 WEST PALM BEACH FL 33409 US

3. Date Incorporated or Qualified: 05/23/1984
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2441341 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HARRISON, PAT & JOE
11320 59TH STREET
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE		☐ Change ☐ Addition
NAME	BENZ, NORMAN	12 NAME		
STREET ADDRESS	5021 CAYENNE LANE	13 STREET ADDRESS		
CITY ST ZIP	PALM BEACH GDNS FL	14 CITY ST ZIP		
TITLE	DS	21 TITLE	DS	☒ Change ☐ Addition
NAME	~~FERRELL, RITA~~	22 NAME	Todd Mullins	
STREET ADDRESS	~~2805 MAPLEWOOD DRIVE~~	23 STREET ADDRESS	5312 Northlake Blvd.	
CITY ST ZIP	~~WEST PALM BEACH FL~~	24 CITY ST ZIP	Palm Beach Gardens, FL	
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, GREG	32 NAME		
STREET ADDRESS	2215 MILITARY TRAIL	33 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH FL 01	34 CITY ST ZIP		
TITLE	ED	41 TITLE	ED	☒ Change ☐ Addition
NAME	~~WILLOUGHBY, JOHN~~	42 NAME	Carol Walters	
STREET ADDRESS	~~2215 NORTH MILITARY TR~~ A-1	43 STREET ADDRESS	249 E. Palmetto Parkway	
CITY ST ZIP	~~WEST PALM BEACH FL~~ 01	44 CITY ST ZIP	Boca Raton, FL 33432	
TITLE	DT	51 TITLE	DT	☒ Change ☐ Addition
NAME	~~SMITH, MARY~~	52 NAME	John Carroll	
STREET ADDRESS	~~11780 US HWY 2 STE~~ 107	53 STREET ADDRESS	16357 E. Alamar Drive	
CITY ST ZIP	~~NORTH PALM BCH FL~~ 41	54 CITY ST ZIP	Loxahatchee, FL 33470	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Greg Smith — 4/24/95 — (407) 478-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R. GREG SMITH

0048507