

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 21 1996 8:00 am  
Secretary of State

DOCUMENT # **N04587** (4)  
1. Corporation Name  
**ALPHA HEALTH SERVICES, INC.**



Principal Place of Business Mailing Address  
**1025 ORANGE AVE** **1025 ORANGE AVE**  
**P.O. BOX 2256** **P.O. BOX 2256**  
**FORT PIERCE FL 34954-2256** **FORT PIERCE FL 34954-2256**

3. Date Incorporated or Qualified **08/07/1984** 3a. Date of Last Report **03/08/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>59-2470954</b>	Not Applicable
<b>22</b> City & State	<b>27</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SKINNER, T. WAYNE**  
**1025 ORANGE AVENUE**  
**FORT PIERCE FL 33450**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COB</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARBOR, FRANK</b>	1.2 NAME	<b>SANDRA KNIGHT</b>
STREET ADDRESS	<b>3240 HATCHER ST.</b>	1.3 STREET ADDRESS	<b>6546 4TH STREET</b>
CITY-ST-ZIP	<b>FT PIERCE FL 34981</b>	1.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32968</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, JILL</b>	2.2 NAME	
STREET ADDRESS	<b>1451 BINNEY DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL 34949</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRBY, ALAN</b>	3.2 NAME	
STREET ADDRESS	<b>211 GARDENIA AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULLER, JUANITA</b>	4.2 NAME	
STREET ADDRESS	<b>2705 52ND AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIRLEY BARRETT, R.N.</b>	5.2 NAME	
STREET ADDRESS	<b>3212 LAKEVIEW CIR. # B-10-205</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL 34949</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), Florida Statutes. I 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, unchanged, or on an attachment with an address.

SIGNATURE: **WAYNE SKINNER** EXECUTIVE DIRECTOR

02/09/96 (407) 465-4050

DATE OF SIGNATURE: **02/09/96** DAYTIME PHONE: **(407) 465-4050**

CR2E037 (12/95)