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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04587 (4)

1. Corporation Name

ALPHA HEALTH SERVICES, INC.

Principal Place of Business

1025 ORANGE AVE
P.O. BOX 2256
FORT PIERCE FL 34954-2256

Mailing Address

1025 ORANGE AVE
P.O. BOX 2256
FORT PIERCE FL 34954-22563. Date Incorporated or Qualified
08/07/19843a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2470954

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COB
NAME HARBOR, FRANK
STREET ADDRESS 3240 HATCHER ST.
CITY-ST-ZIP FT PIERCE FL 34981 ☐ DELETETITLE D
NAME ARNOLD, JILL
STREET ADDRESS 1451 BINNEY DR.
CITY-ST-ZIP FT. PIERCE FL 34949 ☒ DELETETITLE D
NAME KIRBY, ALAN
STREET ADDRESS 211 GARDENIA AVE.
CITY-ST-ZIP FT. PIERCE FL ☒ DELETETITLE D
NAME CULLER, JUANITA
STREET ADDRESS 2705 52ND AVE.
CITY-ST-ZIP VERO BEACH FL 32908 ☒ DELETETITLE D
NAME KNIGHT, SANDRA
STREET ADDRESS 6546 4TH STREET
CITY-ST-ZIP VERO BEACH FL ☐ DELETETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE DIRECTOR
2.2 NAME MARTY WHITE
2.3 STREET ADDRESS 2182 S.E. BERSELI RD
2.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Change ☒ Addition3.1 TITLE DIRECTOR
3.2 NAME PAM HERMAN
3.3 STREET ADDRESS 15112 SW TRAIL CRT
3.4 CITY-ST-ZIP INDIANTOWN, FL 34956 ☐ Change ☒ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97 561-465-4058

Date

Daytime Phone # 0071119

CR2E037 (9/96)