

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000092359	
1. Entity Name ALPHA COMMUNITY MENTAL HEALTH CENTER, INC.	



Principal Place of Business 7801 SW 24 STREET SUITE 105 MIAMI, FL 33155	Mailing Address 7801 SW 24 STREET SUITE 105 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2057243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MUSSINI, MARIA 7801 SW 24 STREET SUITE 105 MIAMI, FL 33155	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIVERO-GUEVARA, ANDRE 7801 CORAL WAY, SUITE 105 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MUSSINI, MARIA 7801 CORAL WAY, SUITE 105 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/05-80075-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or 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: [Signature] 4-11-2005 305 2643225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #