2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P04000172316

Entity Name: ALPHA MEDICAL CENTER, CORP.

Current Principal Place of Business:

10550 SW 8 ST.
MIAMI, FL 33174

New Principal Place of Business:

9745 SUNSET DRIVE
117
MIAMI, FL 33173

Current Mailing Address:

10550 SW 8 ST.
MIAMI, FL 33174

New Mailing Address:

9745 SUNSET DRIVE
117
MIAMI, FL 33173

FEI Number: 32-0135752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, OLGA NAVARRO
6461 SW 8TH STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

RODRIGUEZ, OLGA NAVARRO
9745 SUNSET DRIVE
117
MIAMI, FL 33173 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: OLGA NAVARRO RODRIGUEZ 04/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RODRIGUEZ, OLGA NAVARRO
Address: 361 NW 122 AVE.
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA NAVARRO RODRIGUEZ P 04/21/2008
Electronic Signature of Signing Officer or Director Date