

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172316

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** ALPHA MEDICAL CENTER, CORP.

**Current Principal Place of Business:**

9745 SUNSET DRIVE  
117  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9745 SUNSET DRIVE  
117  
MIAMI, FL 33173

**New Mailing Address:**

**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  
9745 SUNSET DRIVE  
117  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

**SIGNATURE:** OLGA NAVARRO RODRIGUEZ

PD

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date