2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000091063

City-St-Zip:

MIRAMAR, FL 33027

FILED Dec 17, 2007 Secretary of State

Entity Na	me: ALPHA C	CARE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2513 SW 1 MIRAMAR	162 AVE s, FL 33027				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2513 SW 1 MIRAMAR	162 AVE 1, FL 33027				
FEI Number	: 38-3738678	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2513 SW MIRAMAR The above in the State	, FL 33027	·	urpose of changing its registered	d office or registered agent, or both,	
SIGNATOR		nic Signature of Registered Age	ent	 Date	
Election Car		03(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	•	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:) Delete TAKELA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (JOHNSON, DA 2513 SW 162 A MIRAMAR, FL	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST (PATTERSON, 3 2513 SW 162		Title: Name: Address	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: TAKELA ALEXANDER **PRES** 12/17/2007