2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# P07000011067

Entity Name: ALPHA HEALTH CARE CLINIC, INC.

Current Principal Place of Business:

19436 NE 25TH AVE UNIT 82
AVENTURA, FL 33180

New Principal Place of Business:

1990 NE 163RD SUITE 203
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

19436 NE 25TH AVE UNIT 82
AVENTURA, FL 33180

New Mailing Address:

1990 NE 163RD SUITE 203
NORTH MIAMI BEACH, FL 33162

FEI Number: 87-0794439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUNGLASSE, MARIA E
19436 NE 25TH AVE UNIT 82
AVENTURA, FL 33180 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: PT ( ) Delete
Name: GRUNGLASSE, MARIA E
Address: 19436 NE 25TH AVE UNIT 82
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete
Name: REYES, BEATRIZ
Address: 19436 NE 25TH AVE. UNIT 82
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: GRUNGLASSE, MARIA E
Address: 19436 NE 26TH AVE UNIT 82
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change ( ) Addition
Name: GRUNGLASSE, RAFAEL A
Address: 19436 NE 26TH AVE. UNIT 82
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Change (X) Addition
Name: GRUNGLASSE, DEBORAH
Address: 19436 NE 26TH AVE. UNIT 82
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Change (X) Addition
Name: GRUNGLASSE, DEBORAH
Address: 19436 NE 26TH AVE. UNIT 82
City-St-Zip: AVENTURA, FL 33180

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: DEBORAH GRUNGLASSE D 02/22/2008

Electronic Signature of Signing Officer or Director — Date