

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000082312

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** ALPHA WOMEN'S WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

1850 S. OCEAN DR.  
#1208  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 85098  
HALLANDALE, FL 330085098 US

**New Mailing Address:**

**FEI Number:** 26-0563203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIRMAN, ALLA  
17050 N. BAY RD.  
#605  
SUNNY ISLES, FL 33160 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIRMAN, ALEX  
Address: 1850 S. OCEAN DR. #1208  
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP  
Name: MEDVEDEVA, ELENA  
Address: 1850 S. OCEAN DR. #1208  
City-St-Zip: HALLANDALE, FL 33009 US

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: ALEX BIRMAN

P

01/19/2011

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

\_\_\_\_\_  
Date