2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2011
Secretary of State

DOCUMENT# P10000039945

Entity Name: ALPHA HOME HEALTH INSTITUTE CORP.

Current Principal Place of Business:

9715 W. BROWARD BLVD
#107
PLANTATION, FL 33324

New Principal Place of Business:

2331 N STATE RD 7,
102
LAUDERHILL, FL 33313 US

Current Mailing Address:

9715 W. BROWARD BLVD
#107
PLANTATION, FL 33324

New Mailing Address:

9715 W. BROWARD BLVD
#107
PLANTATION, FL 33324 US

FEI Number: 27-2537564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINCLAIR, PAULA R
8052 N.W. 15TH MANOR
PLANTATION, FL 33322 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: SINCLAIR, PAULA R
Address: 8052 N.W. 15TH MANOR
City-St-Zip: PLANTATION, FL 33322 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: PAULA SINCLAIR MS. 02/19/2011

Electronic Signature of Signing Officer or Director Date