

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000021560

**Entity Name:** ALPHA INSTITUTE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1220-A 10TH ST  
LAKE PARK, FL 33403

**Current Mailing Address:**

1220-A 10TH ST  
LAKE PARK, FL 33403

**FEI Number: 65-1096838**

**Certificate of Status Desired: No**

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

CREEF, ERIN M  
1220-A 10TH ST  
LAKE PARK, FL 33403 US

*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: ERIN M CREEF**

**01/10/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CREEF, ERIN M  
Address        1220-A 10TH ST  
City-State-Zip: LAKE PARK FL 33403

Title            D  
Name            CREEF, ERIN M  
Address        11849 BLACKWOODS LN  
City-State-Zip: W PALM BCH FL 33412

Title            SECRETARY  
Name            CREEF, ERIN M  
Address        1220-A 10TH ST  
City-State-Zip: LAKE PARK FL 33403

Title            TREASURER  
Name            CREEF, ERIN M  
Address        1220-A 10TH ST  
City-State-Zip: LAKE PARK FL 33403

*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: ERIN M CREEF**

**PRESIDENT**

**01/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date