

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000082312

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 85098  
HALLANDALE, FL 33008-5098 US

**FEI Number:** 26-0563203

**Certificate of Status Desired:** No

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

VOLYANSKAYA, ANNA  
16001 COLLINS AVE APT 2505  
SUNNY ISLES, FL 33160 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:** ANNA VOLYANSKAYA

02/09/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

*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

PRESIDENT

02/09/2014

Electronic Signature of Signing Officer/Director Detail

Date