

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082312

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

Current Principal Place of Business:

2627 NE 203RD STREET SUITE 115
AVENTURA, FL 33180

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

01/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BIRMAN, ALEX
Address 2627 NE 203RD STREET SUITE 115
City-State-Zip: AVENTURA FL 33180

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

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date