

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000039542

Entity Name: ALPHA THERAPY CENTER INC

Current Principal Place of Business:

1840 W 49TH ST SUITE 408
HIALEAH, FL 33012

Current Mailing Address:

1840 W 49TH ST SUITE 408
HIALEAH, FL 33012 US

FEI Number: 93-1459305

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NURQUE, MAYLIN
5255 NW 181 TERRACE
MIAMI GARDENS, FL 33055 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NURQUE, MAYLIN
Address 5255 NW 181 TERRACE
City-State-Zip: MIAMI GARDENS FL 33055

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: MAYLIN NURQUE

P

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date