2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2025
Secretary of State
9767308866CC

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Entity Name: ALPHA MEDICINE AND REHAB, LLC.

Current Principal Place of Business:

2915 COLONIAL BLVD S.
SUITE 220
FORT MYERS, FL 33966

Current Mailing Address:

POST OFFICE BOX 100845
CAPE CORAL, FL 33910 US

FEI Number: 87-3788180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDOZA, ALDRICH
2915 COLONIAL BLVD S.
SUITE 220
FORT MYERS, FL 33966 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

Authorized Person(s) Detail :

Title	MGR
Name	MENDOZA, ALDRICH V
Address	2915 COLONIAL BLVD S. SUITE 220
City-State-Zip:	FORT MYERS FL 33966

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALDRICH VILLAMIN MENDOZA MANAGER 05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date