

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 388959 (9)

1. Corporation Name

ALPHA - MEDICAL LAND CORPORATION



Principal Place of Business

2010 59TH ST. W.
BRADENTON FL 34209

Mailing Address

2010 59TH ST. W.
BRADENTON FL 34209

3. Date Incorporated or Qualified
09/27/1971

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1413082

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, WALTER B
1508 99TH ST., NW
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(901) - Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, ROGER A	
STREET ADDRESS	7816 DE SOTO MEMB BLVD	
CITY- ST- ZIP	BRADENTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAHAM, WALTER B. M.D.	
STREET ADDRESS	1508 99TH ST., NW	
CITY- ST- ZIP	BRADENTON FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, LAWRENCE J.	
STREET ADDRESS	2010 59TH ST. W., #1700	
CITY- ST- ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHALEY, PRESTON A. M.D.	
STREET ADDRESS	2043 STUDLEY DR.	
CITY- ST- ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKWOOD, ROBERT MD	
STREET ADDRESS	2004 79 ST NW	
CITY- ST- ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKEL, JACK MD	
STREET ADDRESS	3311 BAYOU SOUND	
CITY- ST- ZIP	LONGBOAT KEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter B. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (941)792-1282

CR2E034 (12/95)