

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 388959

1. Entity Name

ALPHA - MEDICAL LAND CORPORATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90120 031 \*\*\*150.00

Principal Place of Business

1508 99TH ST N.W.  
BRADENTON FL 34209  
US

Mailing Address

P.O. BOX 14801  
BRADENTON FL 34280-4801  
US

CU071491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1413082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Walter B. Graham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER B. GRAHAM MD

Date

4/10/00

Daytime Phone #

(941) 746-3115

CR2E034 (9/99)