

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90016 015 ***150.00

DOCUMENT # 388959

1. Entity Name
ALPHA - MEDICAL LAND CORPORATION



Principal Place of Business
**1301 6TH AVE WEST
 STE 600
 BRADENTON, FL 34205 US**

Mailing Address
**1301 6TH AVE WEST
 STE 600
 BRADENTON, FL 34205 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022004

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

**STATHIS, STAM W CPA
 1301 6TH AVE W
 STE 600
 BRADENTON, FL 34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MEYER, ROGER A**
 STREET ADDRESS **7816 DE SOTO MEMB BLVD**
 CITY-ST-ZIP **BRADENTON, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GRAHAM, WALTER B. M.D.**
 STREET ADDRESS **1508 99TH ST., NW**
 CITY-ST-ZIP **BRADENTON, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **LIEBERMAN, LAWRENCE, J.**
 STREET ADDRESS **2010 59TH ST. W., #1700**
 CITY-ST-ZIP **BRADENTON, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LINTON, WILLIAM R JR**
 STREET ADDRESS **1803 71ST ST NW**
 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPST** ☐ Delete
 NAME **BLACKWOOD, ROBERT MD**
 STREET ADDRESS **2004 79 ST NW**
 CITY-ST-ZIP **BRADENTON, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FRANKEL, JACK MD**
 STREET ADDRESS **3311 BAYOU SOUND**
 CITY-ST-ZIP **LONGBOAT KEY, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-2004

Date

Daytime Phone #