


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000007515</b> 1. Entity Name ALPHA MED CAPITAL L.L.C.	
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Principal Place of Business 4101 EVANS AVE FORT MYERS, FL 33901	Mailing Address 4101 EVANS AVE FORT MYERS, FL 33901
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02172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1116260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CHRISTIANSEN, MICHAEL MASTRIANA & CHRISTIANSEN, P.A. 1500 N. FEDERAL HWY., STE. 200 FT LAUDERDALE, FL 33304
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, DAVID C 2665 OAK RIDGE CT FORT MYERS, FL 33901
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # X5005

DAVID C BROWN

4/19/06 239275-1176