

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

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**



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1413082 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1000000952366
04/03/08-80047-016 150.00

10. OFFICERS AND DIRECTORS

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

| | |
|----------------|-------------------------|
| TITLE | PA |
| NAME | LIEBERMAN, LAWRENCE J. |
| STREET ADDRESS | 2010 59TH ST. W., #1700 |
| CITY-ST-ZIP | BRADENTON, FL |

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

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

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

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

PRESIDENT

3-12-08

Date

Daytime Phone #