

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7001

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90217 045 \*\*\*150.00

**DOCUMENT # 388959**

1. Entity Name  
**ALPHA - MEDICAL LAND CORPORATION**



Principal Place of Business  
**1508 99TH ST N.W.  
BRADENTON FL 34209  
US**

Mailing Address  
**P.O. BOX 14801  
BRADENTON FL 34280  
US**



2. Principal Place of Business

**1301 6th Ave West**

3. Mailing Address

**1301 6th Ave West**

Suite, Apt. #, etc.

**Suite 600**

Suite, Apt. #, etc.

**Suite 600**

City & State

**Bradenton, FL**

City & State

**Bradenton, FL**

Zip

**34205**

Country

**USA**

Zip

**34205**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

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 **Stam W. Stathis, CPA**

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

**1301 6th Avenue West #1700**

**Suite 600**

City

**Bradenton**

FL

Zip Code

**34205**

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 date if applicable.

**Stam W. Stathis**

**2/20/03**

DATE

(NOTE: Registered Agent signature required when reinstating)

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

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Director</b>			<input checked="" type="checkbox"/>	
	<b>President</b>			<input checked="" type="checkbox"/>	
	<b>Director</b>	<b>William K. Linton, Jr</b>	<b>1503 71st St NW</b>		<input checked="" type="checkbox"/> Addition
	<b>VP, Secretary, Treasurer</b>	<b>Bradenton, FL 34209</b>		<input checked="" type="checkbox"/>	
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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 partner 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

**Dr. Robert Blackwood, V.P., Secretary-Treasurer**

Date

Daytime Phone #

CR2E034 (10/02)