

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 388959

**Entity Name:** ALPHA - MEDICAL LAND CORPORATION**Current Principal Place of Business:**1401 MANATEE AVE WEST  
SUITE 1200  
BRADENTON, FL 34205**Current Mailing Address:**1401 MANATEE AVE WEST, SUITE1200  
SUITE 1200  
BRADENTON, FL 34205 US**FEI Number:** 59-1413082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JASON, DEPAOLA  
1205 MANATEE AVE. WEST  
BRADENTON, FL 34205 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name MEYER, ROGER A  
Address 1401 MANATEE AVE WEST  
SUITE 1200  
City-State-Zip: BRADENTON FL 34205

Title VP, DIRECTOR  
Name BLACKWOOD, ROBERT MD  
Address 1401 MANATEE AVE WEST  
SUITE 1200  
City-State-Zip: BRADENTON FL 34205

Title DIRECTOR  
Name CHAPMAN, CLIFFORD E  
Address 1401 MANATEE AVE WEST  
SUITE 1200  
City-State-Zip: BRADENTON FL 34205

Title PRESIDENT, DIRECTOR  
Name LIEBERMAN, LAWRENCE J.  
Address 1401 MANATEE AVE WEST  
SUITE 1200  
City-State-Zip: BRADENTON FL 34205

Title TREASURER, DIRECTOR  
Name LINTON, JR., WILLIAM  
Address 1401 MANATEE AVE WEST  
SUITE 1200  
City-State-Zip: BRADENTON FL 34205

Title DIRECTOR  
Name BARAN, JR., C.J.  
Address 1401 MANATEE AVE WEST  
SUITE 1200  
City-State-Zip: BRADENTON FL 34205

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAWRENCE J. LIEBERMAN**PRESIDENT****03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date