

2018 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 PRESIDENT, DIRECTOR
Name LIEBERMAN, LAWRENCE J.
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 TREASURER, DIRECTOR
Name LINTON, JR., WILLIAM
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 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****04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date