2017 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

Apr 04, 2017 **Secretary of State** CC5983555356

FILED

Current Mailing Address:

1401 MANATEE AVE WEST, SUITE 1200 **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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

SECRETARY, DIRECTOR Title Title PRESIDENT, DIRECTOR MEYER. ROGER A LIEBERMAN. LAWRENCE J. Name Name Address 1401 MANATEE AVE WEST Address 1401 MANATEE AVE WEST

SUITE 1200

BRADENTON FL 34205 BRADENTON FL 34205 City-State-Zip: City-State-Zip:

Title VP, DIRECTOR Title TREASURER, DIRECTOR BLACKWOOD, ROBERT MD Name Name LINTON, JR., WILLIAM 1401 MANATEE AVE WEST Address

1401 MANATEE AVE WEST Address

SUITE 1200

SUITE 1200

SUITE 1200 BRADENTON FL 34205 BRADENTON FL 34205 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR CHAPMAN, CLIFFORD E Name Name BARAN, JR., C.J.

1401 MANATEE AVE WEST 1401 MANATEE AVE WEST Address Address

> **SUITE 1200 SUITE 1200**

BRADENTON FL 34205 BRADENTON FL 34205 City-State-Zip: City-State-Zip:

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

04/04/2017 Date