

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 388959

Entity Name: ALPHA - MEDICAL LAND CORPORATION**Current Principal Place of Business:**1301 6TH AVE WEST
STE 600
BRADENTON, FL 34205**Current Mailing Address:**1301 6TH AVE WEST
STE 600
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	1301 SIXTH AVE. WEST, #600
City-State-Zip:	BRADENTON FL 34205

Title	VP, DIRECTOR
Name	BLACKWOOD, ROBERT MD
Address	1301 6TH AVE WEST STE 600
City-State-Zip:	BRADENTON FL 34205

Title	DIRECTOR
Name	CHAPMAN, CLIFFORD E
Address	1301 SIXTH AVE. WEST SUITE 600
City-State-Zip:	BRADENTON FL 34205

Title	PRESIDENT, DIRECTOR
Name	LIEBERMAN, LAWRENCE J.
Address	1301 6TH AVE WEST STE 600
City-State-Zip:	BRADENTON FL 34205

Title	TREASURER, DIRECTOR
Name	LINTON, JR., WILLIAM
Address	1301 6TH AVE WEST SUITE 600
City-State-Zip:	BRADENTON FL 34205

Title	DIRECTOR
Name	BARAN, JR., C.J.
Address	1301 6TH AVE WEST SUITE 600
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****03/07/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date