2021 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	Title	PRESIDENT, DIRECTOR
Name	MEYER, ROGER A	Name	LIEBERMAN, LAWRENCE J.
Address	1401 MANATEE AVE WEST SUITE 1200	Address	1401 MANATEE AVE WEST SUITE 1200
City-State-Zip:	BRADENTON FL 34205	City-State-Zip:	BRADENTON FL 34205
Title	VP, DIRECTOR	Title	TREASURER, DIRECTOR
Name	BLACKWOOD, ROBERT MD	Name	LINTON, JR., WILLIAM
Address	1401 MANATEE AVE WEST SUITE 1200	Address	1401 MANATEE AVE WEST SUITE 1200
City-State-Zip:	BRADENTON FL 34205	City-State-Zip:	BRADENTON FL 34205
Title	DIRECTOR	Title	DIRECTOR
Name	CHAPMAN, CLIFFORD E	Name	BARAN, JR., C.J.
Address	1401 MANATEE AVE WEST SUITE 1200	Address	1401 MANATEE AVE WEST SUITE 1200
City-State-Zip:	BRADENTON FL 34205	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   03/05/2021

Electronic Signature of Signing Officer/Director Detail   Date