

2019 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, 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:**

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****02/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date