

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000007515

**Entity Name:** ALPHA MED CAPITAL L.L.C.

**Current Principal Place of Business:**

2665 OAK RIDGE CT  
FORT MYERS, FL 33901

**Current Mailing Address:**

8695 COLLEGE PARKWAY, SUITE 100  
FORT MYERS, FL 33919 US

**FEI Number:** 65-1116260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOFFITT, KATHY  
2665 OAK RIDGE CT  
FORT MYERS, FL 33901 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:** KATHY MOFFITT

04/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FINEMARK NATIONAL BANK & TRUST,  
PERSONAL REPRESENTATIVE  
Address 8695 COLLEGE PARKWAY, SUITE 100  
City-State-Zip: FORT MYERS FL 33919

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FINEMARK NATIONAL BANK & TRUST

MGR

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date