

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078936

**Entity Name:** ALPHA MEDICAL INNOVATIONS, L.L.C.

**Current Principal Place of Business:**

C/O BRIAN M. O'CONNELL, ESQ.  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O BRIAN M. O'CONNELL, ESQ.  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

O'CONNELL, BRIAN MESQ.  
515 NORTH FLAGLER DRIVE 20TH FLOOR  
WEST PALM BEACH, FL 33401 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

**Authorized Person(s) Detail :**

Title MGR  
Name ABDO, PETER A  
Address 14 VICTORIA SQUARE  
City-State-Zip: LONDON EN SW1 W-0RA

*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:** PETER A. ABDO

MGR

04/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date