


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 388959  
 1. Entity Name  
 ALPHA - MEDICAL LAND CORPORATION



Principal Place of Business 1301 6TH AVE WEST STE 600 BRADENTON, FL 34205 US	Mailing Address 1301 6TH AVE WEST STE 600 BRADENTON, FL 34205 US
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**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1413082	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STATHIS, STAM W CPA  
 1301 6TH AVE W  
 STE 600  
 BRADENTON, FL 34205

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, ROGER A 7816 DE SOTO MEMB BLVD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, WALTER B. M.D. 1508 99TH ST., NW BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIEBERMAN, LAWRENCE J. 2010 59TH ST. W., #1700 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, WILLIAM R JR 1803 71ST ST NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BLACKWOOD, ROBERT MD 2004 79 ST NW BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, JACK MD 3311 BAYOU SOUND LONGBOAT KEY, FL

U00000207873  
 02/01/05-80062-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Lawrence J. Lieberman, President 1/26/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7003 2260 0006 0223 5664