

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 388959**

1. Entity Name  
**ALPHA - MEDICAL LAND CORPORATION**



Principal Place of Business	Mailing Address
1301 6TH AVE WEST STE 600 BRADENTON, FL 34205 US	1301 6TH AVE WEST STE 600 BRADENTON, FL 34205 US



03122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1413082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

1000000952366  
 04/03/08-80047-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MEYER, ROGER A
STREET ADDRESS	7816 DE SOTO MEMB BLVD
CITY-ST-ZIP	BRADENTON, FL
TITLE	P1
NAME	LIEBERMAN, LAWRENCE J.
STREET ADDRESS	2010 59TH ST. W., #1700
CITY-ST-ZIP	BRADENTON, FL
TITLE	D
NAME	LINTON, WILLIAM R JR
STREET ADDRESS	1803 71ST ST NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VPST
NAME	BLACKWOOD, ROBERT MD
STREET ADDRESS	2004 79 ST NW
CITY-ST-ZIP	BRADENTON, FL
TITLE	D
NAME	FRANKEL, JACK MD
STREET ADDRESS	3311 BAYOU SOUND
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Lieberman*

**PRESIDENT**

**3-12-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #