

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 388959

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** ALPHA - MEDICAL LAND CORPORATION

**Current Principal Place of Business:**

1301 6TH AVE WEST  
STE 600  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

**Current Mailing Address:**

1301 6TH AVE WEST  
STE 600  
BRADENTON, FL 34205 US

**New Mailing Address:**

**FEI Number:** 59-1413082      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STATHIS, STAM W CPA  
1301 6TH AVE W  
STE 600  
BRADENTON, FL 34205 US

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

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: MEYER, ROGER A  
Address: 1301 SIXTH AVE. WEST, #600  
City-St-Zip: BRADENTON, FL 34205

Title: P  
Name: LIEBERMAN, LAWRENCE J.  
Address: 315 - 75TH STREET WEST  
City-St-Zip: BRADENTON, FL 34200

Title: T  
Name: LINTON, WILLIAM R JR  
Address: 1301 SIXTH AVE. WEST, #600  
City-St-Zip: BRADENTON, FL 34205

Title: VP  
Name: BLACKWOOD, ROBERT MD  
Address: 7005 CORTEZ ROAD WEST  
City-St-Zip: BRADENTON, FL 34209

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

P

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date