2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# K27310

Entity Name: ALPHA MEDICAL, P.A.

Current Principal Place of Business:

20 EAST MELBOURNE AVENUE
SUITE 104
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

20 EAST MELBOURNE AVENUE
SUITE 104
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2911702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDRA, RAJIV M.D.
20 EAST MELBOURNE AVENUE
SUITE 104
MELBOURNE, FL 32901 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHANDRA, RAJIV M.D.
Address: 20 E. MELBOURNE AVE, #104
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: BACHU, PATEL MD
Address: 469 N. HARBOUR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: S ( ) Delete
Name: GAYDEN, JOHN JR
Address: 1251 HICKORY ST
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAJIV CHANDRA, MD D 01/05/2007

Electronic Signature of Signing Officer or Director — Date