

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K27310

Entity Name: ALPHA MEDICAL, P.A.

**FILED**  
**Dec 19, 2010**  
**Secretary of State**

### **Current Principal Place of Business:**

20 EAST MELBOURNE AVENUE  
SUITE 104  
MELBOURNE, FL 32901

### **New Principal Place of Business:**

469 NORTH HARBOR CITY BLVD  
MELBOURNE, FL 32935

### **Current Mailing Address:**

20 EAST MELBOURNE AVENUE  
SUITE 104  
MELBOURNE, FL 32901

### **New Mailing Address:**

469 NORTH HARBOR CITY BLVD  
MELBOURNE, FL 32935

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:**

PATEL, BACHU M.D.  
469 NORTH HARBOR CITY BLVD  
MELBOURNE, FL 32935 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: BACHU PATEL

12/19/2010

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: DIR  
Name: BACHU, PATEL MD  
Address: 469 N. HARBOUR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32935

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: BACHU PATEL

DIR

12/19/2010

Electronic Signature of Signing Officer or Director

Date