

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007515

1. Entity Name  
ALPHA MED CAPITAL L.L.C.



Principal Place of Business

4101 EVANS AVE  
FORT MYERS, FL 33901

Mailing Address

4101 EVANS AVE  
FORT MYERS, FL 33901

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**



01122008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1116260

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, BRUCE D  
1380 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000853598  
03/26/08-80072-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROWN, DAVID C
STREET ADDRESS	2665 OAK RIDGE CT
CITY-ST-ZIP	FORT MYERS, FL 33901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVID C BROWN MGR

Daytime Phone #

1-21-08

239275-1176