

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000790

1. Entity Name
ALPHA PHYSICIAN SERVICES, LLC



Principal Place of Business
**8800 GRAND OAK CIRCLE, SUITE 400
TAMPA, FL 33637**

Mailing Address
**8800 GRAND OAK CIRCLE, SUITE 400
TAMPA, FL 33637**



04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3074788

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVID J. POWERS, P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REGAL MANAGEMENT I, LLC
8800 GRAND OAK CIRCLE # 400
TAMPA, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REGAL MANAGEMENT II, LLC
8800 GRAND OAK CIRCLE # 400
TAMPA, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REGAL MANAGEMENT III, LLC
8800 GRAND OAK CIRCLE # 400
TAMPA, FL 33637**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000324369
04/22/05-80090-015 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Robert L. Robit 4/14/05 8135586539