## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L03000000790

1. Entity Name

ALPHA PHYSICIAN SERVICES, LLC



**FILED** Mar 29, 2007 08:00 Al **Secretary of State** 

Principal Place of Business

8800 GRAND OAK CIRCLE, SUITE 400 TAMPA, FL 33637

Mailing Address

8800 GRAND OAK CIRCLE, SUITE 400 TAMPA. FL 33637



03082007 No Chg-LLC

CR2E083 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3074788 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

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)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	A a course of the special and a contract of the contract of th
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CITY-ST-ZIP	TAMPA, FL 33637	
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CITY-ST-ZIP	TAMPA, FL 33637	DO NOT WRITE
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11. I hereby certify that the information supplied with this filling 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 another 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 of turker empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Osta

Daytime Phone #