2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# L03000031260

Entity Name: ALPHA MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

78 EAST 92ND STREET
BROOKLYN, NY 11212

New Mailing Address:

FEI Number: 02-0704155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: BRETT, CLIFTON
Address: 1840 CORAL WAY, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: MGR ( ) Delete
Name: HUNTE, DARLENE T
Address: 1840 CORAL WAY, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: ST ( ) Delete
Name: HUNTE, DARLENE T
Address: 1840 CORAL WAY, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: HUNTE, DARLENE T
Address: 1840 CORAL WAY, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFTON BRETT MGR 09/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date