

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097536

Entity Name: ALPHAMED LLC

FILED  
Apr 25, 2011  
Secretary of State

## Current Principal Place of Business:

4109 CRILL AVE  
PLATKA, FL 32177 US

## New Principal Place of Business:

4109 CRILL AVE  
PALATKA, FL 32177 US

## Current Mailing Address:

4109 CRILL AVE  
PLATKA, FL 32177 US

## New Mailing Address:

4109 CRILL AVE  
PALATKA, FL 32177 US

FEI Number: 20-3572692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAMTORA, PARUL  
2901 EAST GINGER CT  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

MAMTORA, PARUL  
1360 ROBERTS RD.  
ST. JOHNS, FL 32259 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: PARUL V. MAMTORA

04/25/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: MAMTORA, PARUL  
Address: 1360 ROBERTS RD.  
City-St-Zip: ST. JOHNS, FL 32259 US

Title: MGRM  
Name: SHAH, MUKESH  
Address: 2617 PECAN PLACE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM  
Name: JARECHA, KAVITA M  
Address: 1560 CULLAIG CT.  
City-St-Zip: ST. JOHNS, FL 32259 US

I hereby 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: PARUL V. MAMTORA

MGR

04/25/2011

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