

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000072033

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** ALPHA MEDICAL RESEARCH, LLC

**Current Principal Place of Business:**

20 E. MELBOURNE AVE.  
#104  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

20 E. MELBOURNE AVE.  
#104  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 20-5358504      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHANDRA, RAJIV  
20 E. MELBOURNE AVENUE  
#104  
MELBOURNE, FL 32901 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/MANAGERS:**

**Title:** MGR  
**Name:** TRUMED ED  
**Address:** 20 E. MELBOURNE AVE.  
**City-St-Zip:** MELBOURNE, FL 32901 US

**Title:** MGR  
**Name:** CHANDRA, RAJIV MD  
**Address:** 20 EAST MELBOURNE AVE.  
**City-St-Zip:** MELBOURNE, FL 32901

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:** RAJIV CHANDRA

MGR

05/02/2011

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