2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077881

Entity Name: ALPHA CLINIC LLC

FILED Jun 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7850 ULMERTON RD SUITE #2A 7850 ULMERTON RD LARGO, FL 33771 US

SUITE 2A

LARGO, FL 33771

Current Mailing Address: New Mailing Address:

7850 ULMERTON RD SUITE #2A 7850 ULMERTON RD

LARGO, FL 33771 SUITE 2A

LARGO, FL 33771 US

FEI Number: 20-5344118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PUGLIESE, PENNY PUGLIESE, PENNY 8816 LUCÚYA WAY 4105 W. INMAN AVE TEMPLE TERRACE, FL 33637 TAMPA, FL 33609 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: PENNY PUGLIESE, BSRN 06/27/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

SALAZAR, ROD D.C. Name: Name: Address: 3021 STATE ROAD 590, #117 Address: City-St-Zip: CLEARWATER, FL 33759 US City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: PUGLIESE, PENNY B.S.R.N Name: PUGLIESE, PENNY B.S.R.N Address: 3021 STATE ROAD 590, #117 Address: 4105 W. INMAN AVE. City-St-Zip: CLEARWATER, FL 33759 US City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PENNY PUGLIESE, BSRN **MGRM** 06/27/2007