2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# L07000019767

Entity Name: ALPHADOCS, LLC

Current Principal Place of Business:

20 E. MELBOURNE AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

20 E. MELBOURNE AVENUE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 26-0441446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDRA, RAJIV
20 E. MELBOURNE AVE.
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 ( ) Delete
Name: CHANDRA, RAJIV
Address: 20 E. MEBOURNE AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete
Name: ALPHA MEDICAL RESEAR, CH, LLC
Address: 20 E. MELBOURNE AVE.
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHANDRA, RAJIV
Address: 20 E. MEBOURNE AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM (X) Change ( ) Addition
Name: ZEBALLOS, HILBERT
Address: 20 E. MELBOURNE AVE.
City-St-Zip: MELBOURNE, FL 32901

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: RAJIV CHANDRA MGRM 02/15/2008

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