


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
97 MAY 16 PM 1:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L94000000227
 ALPHA MEDICAL, L.C.
 20 EAST MELBOURNE AVENUE
 MELBOURNE FL 32901

1a. Principal Place of Business Address
 20 EAST MELBOURNE AVENUE
 MELBOURNE FL 32901

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/27/1994	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	59-3265713	5. Date of Last Report
				05/01/1996	6. Certificate of Status Desired <input type="checkbox"/> SR (if Additional Fee Required) <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CHANDRA, RAJIV MD 20 EAST MELBOURNE AVENUE MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code
	700002181717--9 -05/16/97--01089--001 ***1805.00 ****203.75 FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 4-28-97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	COMPREHENSIVE MEDICA,	20 EAST MELBOURNE AVENUE	MELBORNE FL
MGRM	MEDICAL SUBSPECIALIS,	20 EAST MELBOURNE AVENUE	MELBOURNE FL
MGRM	CARDIOVASCULAR SYSTEMS	20 EAST MELBOURNE AVENUE	MELBOURNE FL
MGRM	CHANDRA, RAJIV M.D.	20 EAST MELBOURNE AVENUE	MELBOURNE FL
MGRM	GAYDEN, JOHN M JR	1215 S. HICKORY STREET	MELBOURNE FL
MGRM	PATEL, BACHU M.D.	469 N. HARBOR CITY BOULEVA	MELBOURNE FL

*7160
5/16/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ DATE 4-28-97 DAYTIME PHONE # 407-951-7404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER