

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 6:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000227

1. Entity Name  
ALPHA MEDICAL, L.C.

Principal Place of Business  
20 E. MELBOURNE AVE., #104  
MELBOURNE FL 32901

Mailing Address  
20 E. MELBOURNE AVE., #104  
MELBOURNE FL 32901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3265713

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CHANDRA, RAJIV MD  
20 E. MELBOURNE AVE., #104  
MELBOURNE FL 32901

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANDRA, RAJIV MD 20 E. MELBOURNE AVE., #104 MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAYDEN, JOHN M JR., MD 20 E. MELBOURNE AVE., #104 MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, BACHU MD 20 E. MELBOURNE AVE., #104 MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004271756--5 -05/18/01--01101--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01 321-951-7404

0006160 AF

CR2E083 (11/00)