

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90012 042 \*\*\*\*50.00

**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

24051910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004 Chg-LLC CR2E083 (10/03)

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME CHANDRA, RAJIV MD  
STREET ADDRESS 20 E. MELBOURNE AVE., #104  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME GAYDEN, JOHN M JR., MD  
STREET ADDRESS 20 E. MELBOURNE AVE., #104  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME PATEL, BACHU MD  
STREET ADDRESS 20 E. MELBOURNE AVE., #104  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

4/21/04

321-768-6499