


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
 Suite, Apt. #, etc.

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

City & State

Zip Country

02232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 59-3265713

Applied For
 Not Applicable

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

SIGNATURE _____ (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

Change Addition
 TITLE
 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

Change Addition
 TITLE
 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

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

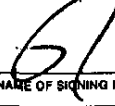
TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
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 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:  **4/21/04** **321-768-6499**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #