2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L94000000227

Entity Name: ALPHA MEDICAL, L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3265713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHANDRA, RAJIV MD
20 E. MELBOURNE AVE., #104
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 MD
Address: 20 E. MELBOURNE AVE., #104
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete
Name: PATEL, BACHU MD
Address: 20 E. MELBOURNE AVE., #104
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ZEBALLOS, HILBERT C MD
Address: 20E. MELBOURNE AVE., #104
City-St-Zip: MELBOURNE, FL 32901 US

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 MD MGR 04/28/2009

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