

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000227

Entity Name: ALPHA MEDICAL, L.C.

FILED
Mar 09, 2010
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

20 E. MELBOURNE AVE.
104
MELBOURNE, FL 32901

Current Mailing Address:

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

New Mailing Address:

20 E. MELBOURNE AVE.
104
MELBOURNE, FL 32901

FEI Number: 59-3265713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

I hereby 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

03/09/2010

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