Apr 09 1997 8:00am

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M73145

ALPHA MEDICAL PROPERTY, INC.

(8)

Principal Place of Rusiness Mailing Address							
8543 RACKET CLUB DRIVE 8543 RACKET CLUB DR LAUDERHILL FL 33319							
					3. Date Incorporated or Qualified 03/22/1988	3a. Date of Last Report 02/23/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26			65-0152924	. Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	le	City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Zip Country				
24	25	29	30		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
MAP	BARI, SALOMON		8	1 Name			
6543 RACQUET CLUB DR LAUDERHILL FL 33319				_			
				2 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)	
CAODEMINE I E 555 18			8	3			
			٦	~			
			8	4 City		FL 85 Zip Code	
11. Pursuant office or	to the provisions of Sections 607 registered agent, or both, in the S	0502 and 607.1508, Florida S tate of Florida. Such change v	tatutes, the aboves authorized	ve-named or by the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered	
_	am familiar wan, and accept the or	ongations of, Section 607.050:	o, rionda Statui	es.	•		
SIGNATURE	Signature, typed or printed name of togisteres	aneut and tire if applicable	(NOTE: Bankstered &	onnt signal ye re	quired when reinstaling)	DATE	
12. OFFICERS AND DIRECTORS				gont eignatara ra	ADDITIONS/CHANGES TO OFFICE		
Tale	PD	DELETE				Change Addition	
NAME	MABARI, SALOMON		1.2 NAM				
STREET AODRESS	AS AN DAOUTE OF HIS BOILE			ET ADDRESS			
CITY - \$1 - ZIP	LAUDERHILL FL		1.3 3 INC		1		
- CIII - SI - ZII'		T DESETE				Change [] Addition	

ΉIIIf DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City-ST-ZIP CHTY-ST-ZIP DELETE Change ___ Add:tion THE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-709 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TOLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST 2IP 4.4 CITY - ST - ZIP DELETE Change ☐ Add-tion I-ILF 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-7P ui.F DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNALURE REQUIRED

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR