

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000097219

Entity Name: ALPHA BIOSURGERY INC

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7403 NW 117TH LANE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2228  
ALACHUA, FL 32616

**New Mailing Address:**

470 TURKEY CREEK  
ALACHUA, FL 32615

FEI Number: 27-1445331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCQUEEN, ADAM D  
470 TURKEY CREEK  
ALACHUA, FL 32615 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MCQUEEN, ADAM D  
Address: 7403 NW 117TH LANE  
City-St-Zip: ALACHUA, FL 32615

Title: CBD  
Name: BOSSARD, MARK  
Address: 4605 NW 6TH STREET, SUITE A  
City-St-Zip: GAINESVILLE, FL 32609

Title: CSO  
Name: HERNANDEZ, RYANNE  
Address: 4605 NW 6TH STREET, SUITE A  
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADAM D MCQUEEN

CEO

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date