

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000024259

Entity Name: ALFA MED, INC.

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

**Current Principal Place of Business:**

4616 FAIRWAY DRIVE  
TAMPA, FL 33603

**New Principal Place of Business:**

5016 MARLIN DRIVE  
NEW PORT RICHEY, FL 346524461

**Current Mailing Address:**

4616 FAIRWAY DRIVE  
TAMPA, FL 33603

**New Mailing Address:**

5016 MARLIN DRIVE  
NEW PORT RICHEY, FL 346524461

FEI Number: 27-2160356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALFANO, FRANK P  
4616 FAIRWAY DRIVE  
TAMPA, FL 33603 US

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

BERNGARD, GLEN A  
6421 CONGRESS AVENUE  
207  
BOCA RATON, FL 33487 US

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: GLEN A. BERNGARD

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALFANO, FRANK P  
Address: 5016 MARLIN DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 349524461

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: GLEN A BERNGARD

PRES

04/01/2011

Electronic Signature of Signing Officer or Director

Date