

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000066545	
1. Entity Name ALPHAMED PHARMACEUTICALS CORPORATION	
Principal Place of Business 2401 WEST BAY DRIVE 118 LARGO, FL 33770	Mailing Address 2401 WEST BAY DRIVE 118 LARGO, FL 33770



DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3587193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEZDEY, JARETT 2401 WEST BAY DRIVE 118 LARGO, FL 33770	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEZDEY, DARREN 2401 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEZDEY, JARETT 2401 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB LEZDEY, JOHN 2401 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARMER, TODD 2401 WEST BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/08-80028-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Lezdey Dir. 1/2/08 Date _____ Daytime Phone # _____