Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90227 039 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000002854

ALPHA RADIOLOGY, P.A.

Pr	Principal Place of Business Mailing Address						; ···
1304 HARRISON AVENUE 1304 HARRISON AVENUE							\(\frac{\partial}{\partial}\) \(\frac{\partial}{\partial}\)
PANAMA CITY FL 32401 PANAMA CITY FL 32401							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							01/13/1993
2.	2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21							59-3165910 Not Applicable
			Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
	City & State	State City & State			•	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23	7:.	28			untry	•	
	Zip				ши		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24		9. Name and Address of Curre	29 nt Registered Agent	[30]	Т		10. Name and Address of New Registered Agent
ELKOMY, IBRAHIM A					81	Name	
					82	C1 A	Address (P.O. Box Number is Not Acceptable)
1304 HARRISON AVENUE					02	Street	Abdress (F.O. Box Number is Not Acceptable)
PANAMA CITY FL 32401				83			
						Cit.	■■ 85 Zip Code
				FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						nt signature re	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12	1		ND DIRECTORS	13 		- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	1				1.1 TITLE 1.2 NAME		
NAME		ELKOMY, IBRAHIM A 1304 HARRISON AVENUE			1.3 STREET ADDRESS		
STREET ADDRESS		PANAMA CITY FL 32401			1.3 STREET ADDRESS		'
CITY-ST-ZIP		PANAMA CITT FL 32401			2.1 TITLE		☐ Change ☐ Addition
NAME					NAME		
STREET ADDRESS					2.3 STREET		,
CITY-ST-ZIP			2.		2.4 CITY-ST-ZIP		
TITLE				3.1 TITLE		Change Addition	
NAME				3.21	NAME	l	
ST	REET ADDRESS	•		3.3	STREE	T ADDRESS	3
CITY-ST-ZIP					CITY-S	ST-ZIP	1
TIT			☐ DEL	ETE 4.1	TITLE		☐ Change ☐ Addition
NA	ME			4. 2	NAME		
ŞТ	REET ADDRESS			4.3	STREE	TADDRESS	;
СП	Y-ST-ZIP				CITY-S	T-ZIP	
177	3 F		□ DEL	ETE 5.11	TITLE	- 1	Change Addition

14. I 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 on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

Addition