

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90046 003 ***150.00

DOCUMENT # V51366

1. Entity Name
ALFE ULTRASOUND & RADIOLOGY SERVICES, INC.



Principal Place of Business
**221 EAST 51ST ST.
HIALEAH, FL 33013 US**

Mailing Address
**221 EAST 51ST ST.
HIALEAH, FL 33013 US**

00032448

2. Principal Place of Business
6940 Seagrape Ter
Suite, Apt. #, etc.

3. Mailing Address
6940 Seagrape Ter
Suite, Apt. #, etc.



03242005 Chg-P CR2E034 (10/03)

City & State
MIAMI LAKE, Florida

Zip
33014

Country
USA

4. FEI Number
65-0346115

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ALVAREZ, SILVIA A
221 E 51ST STREET
HIALEAH, FL 33013**

7. Name and Address of New Registered Agent
Name **Silvia A. Alvarez**
Street Address (P.O. Box Number is Not Acceptable)
6940 Seagrape Ter
City **MIAMI LAKE** FL Zip Code **33014**

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: **Silvia A. Alvarez** DATE: **3-17-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALVAREZ, SILVIA A 221 E 51 STREET HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Fernando J. Alvarez 6940 Seagrape Ter MIAMI LAKE, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALVAREZ, FERNANDO J 221 E 51 STREET HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Silvia A. Alvarez 6940 Seagrape Ter MIAMI LAKE, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **Silvia A. Alvarez** DATE: **3-17-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR