

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V51366

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** ALFE ULTRASOUND & RADIOLOGY SERVICES, INC.

**Current Principal Place of Business:**

6940 SEAGRAPE TERRACE  
MIAMI LAKE, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

6940 SEAGRAPE TERRACE  
MIAMI LAKE, FL 33014 US

**New Mailing Address:**

**FEI Number:** 65-0346115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, SILVIA A  
6940 SEAGRAPE TERRACE  
MIAMI LAKE, FL 33014 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VTD  
**Name:** ALVAREZ, SILVIA A  
**Address:** 6940 SEAGRAPE TERRACE  
**City-St-Zip:** MIAMI LAKE, FL 33014

**Title:** PSD  
**Name:** ALVAREZ, FERNANDO J  
**Address:** 6940 SEAGRAPE TERRACE  
**City-St-Zip:** MIAMI LAKE, FL 33014

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:** SILVIA A ALVAREZ

VICE

01/08/2010

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

\_\_\_\_\_  
Date