

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002854

Entity Name: ALPHA RADIOLOGY, INC.**Current Principal Place of Business:**1304 HARRISON AVENUE
PANAMA CITY, FL 32401**Current Mailing Address:**1304 HARRISON AVENUE
PANAMA CITY, FL 32401**FEI Number:** 59-3165910**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELKOMY, IBRAHIM A
1304 HARRISON AVENUE
PANAMA CITY, FL 32401 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	ELKOMY, IBRAHIM A
Address	1304 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	V
Name	ELKOMY, FAWZIA A
Address	1304 HARRISON AVE.
City-State-Zip:	PANAMA CITY FL 32401

Title	T
Name	ELKOMY, HANAN I
Address	1304 HARRISON AVE.
City-State-Zip:	PANAMA CITY FL 32401

Title	S
Name	ELKOMY, IMAN I
Address	1304 HARRISON AVE.
City-State-Zip:	PANAMA CITY FL 32401

Title	S
Name	ELKOMY, JIHAN I
Address	1304 HARRISON AVE.
City-State-Zip:	PANAMA CITY FL 32401

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: IBRAHIM A. ELKOMY**PRESIDENT****04/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date