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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

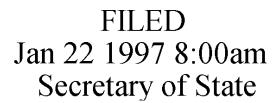
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(3)

MIGUEL R. ALONSO, M.D., P.A.

Principal Place of Business

Mailing Address





4710 N HABANA AVE STE 107 TAMPA FL 33614		4710 N HABANA AVE S TAMPA FL 33614-7143	4710 N HABANA AVE STE 107 TAMPA FL 33814-7143							
						3. Date Incorporated or Qualified 12/29/1976	3a. Date of Last Report 01/23/1996			
	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For	
21		26				59-1722714			lot Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te	City & State	State			Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , ,			
Zip	F-7 ' F-7					8. This corporation has liability for it			s. 199.032,	
24 25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
		Current Hegistered Agent	······································	81 1	łame	10. Name and Address of New Rei	Jistered A	gent		
	NSO, MIGUEL R			"	Maillic					
4710 N HABANA AVE				82 S	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
STE 107 TAMPA FL 33614				83				·····		
1 /4/101	IFA FL 33014									
				84 (City		FL	85 Zip	Code	
office or r	registered arient, or both, in the	07 0502 and 607.1508, Florida Sta ⇒ State of Florida Such change wa ⇒ obligations of Section 607.0505,	as authorized	d by th	amed corp e corporat	oration submits this statement for the pion's board of directors. I hereby acception	urpose of it the appo	changing intment a	its registered s registered	
SIGNATURE		.,			·					
	Signature, typed or printed name of regist			d Agent s	ignature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDEOTÓ	DC IN 10	
12. TILE	PTD	RS AND DIRECTORS DELETE	13. 1.1 TI	ti F		ADDITIONS/CHANGES TO OFFIC		Change		
NAME	ALONSO, MIGUEL R		1.2 N/					Orango		
STREET ADDRESS	4710 N. HABANA STE 10	17		REET ADI	DBESS					
City-St-2iP	TAMPA FL	•		TY-S1-Z	1					
TITLE	S DELETE			2.1 TITLE				Change	Addition	
NAME	ALONSO, MIGUEL R			2.2 NAME						
STREET ADDRESS	4710 N. HABANA STE 10	7	2.3 \$1	FREET ADI	DRESS					
CITY+ST-ZIP	TAMPA FL		2.40	ITY-ST-2	ZIP	::				
TITLE		☐ DELETE	3.1 T/	TLE				Change	Addition	
NAME			3.2 N/							
STREET ADDRESS			3.3 \$	reet adi	DRESS					
CITY-ST-ZIP		DELETE		ITY-\$T-7	ZIP			10	Addition	
TITLE	1	T DEFFIE	4.1 7/		ļ			Change	L. Addition	
NAME CTREET ADDRESS			4. 2 N		00000					
STREET ADDRESS				TREET ADI						
C:TY - ST - ZIP TITLE		DELETE	51 T/	ITY - ST - Z Tl F	ir			Change	Addition	
NAME		First Secret	52 N/							
STREET ADDRESS	Ļ		7210							
STREET PRODUCTION			53.91	INEEL ALL	DRESS T					
CITY - St - ZIP			53 SI 54 CI							
CITY - S1 - ZIP TITLE		DELETE		ity-st-2				Change		
		☐ DELETE	5.4 0	(TY-ST-2 TLE			. 	Change	Addition	
TITLE		DELETE	5.4 C 6.1 TI 6.2 N	(TY-ST-2 TLE	nP .			Change	Addition	

Information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fronta Statutes. Inturner 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 tustee 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, or on an attachment with an address.

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