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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TAMPA FL 33614

21

22

4710 N HABANA AVE STE 107

2. Principal Place of Business

Suite. Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 521131

(3)

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

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

FILED Jan 27 1998 8:00am Secretary of State



4710 N HABANA AVE STE 107
TAMPA FL 33614
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

<u>12/29/1976</u>

59-1722714

5. Certificate of Status Desired

Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	23	28					Trust Fund Contribution Added to Fees	
25		Country		Count	try			
ALONSO, MIGUEL R 4710 N HABANA AVE STE 107 TAMPA FL 33614 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11, Pursuant to the provisions of Sections 607,0502 and 607,1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. all members with a decept the originative of agent, and accept the originative of section of Most, Princip Statutes. SIGNATURE 12. OFFICIENS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. TAMPA FL 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 20. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 21. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. MARK 23. STREET ADDRESS 24. CITY ST. 2P 25. CITY ST. 2P 25. CITY ST. 2P 25. CITY ST. 2P 26. CITY ST. 2P 26. CITY ST. 2P 27. CITY ST. 2P 28. CITY ST. 2P 29. CITY ST. 2P 29. CITY ST. 2P 20. CITY	24	25	29	30	•			
ALUNSO, MIGUEL R 4710 N HABANA AVE STE 107 TAMPA FL 33614 82 Street Address (P.O. Box Number is Not Acceptable) 83 44 City FL 85 Zip Code 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 Floridas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Ploridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in the State of Floridas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in manufacturing, and accept the obligations of, Section 607,0505, Ploridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in manufacturing and accept the obligation of, Section 607,0505, Ploridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in the Statutes are appointment as registered agent, in the statute								
### 4710 N HABANA AVE STE 107 TAMPA FL 33614 #### City	ALONSO MIGHEL R					Name	-	
STE 107 TAMPA FL 33614 83 84 City FL 85 Zip Code 11. Pursuent 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 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 registered agent, or both, in the State of Florida, Statutes, page or premise name or registered agent, or both, in the State of Florida, Statutes, page or premise name or registered agent, or both, in the State of Florida, Statutes, page or premise name or registered agent, or both, in the State of Florida, Statutes, page or premise name or registered agent, or both, in the State of Florida, Statutes, page or premise name or registered agent, or both, in the State of Florida, Statutes, page or premise name or registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes and the registered agent, or both, in the State of Florida, Statutes and the registered agent, and the registered age	·				22	Stroot Addr	oce (R.O. Boy Number in Not Acceptable)	
TAMPA FL 33614 Set					-	Street Addit	ess (F.O. box Number is Not Acceptable)	
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 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 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 registered agent, or both, in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ITILE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ALONSO, MIGUEL R 4710 N. HABANA STE 107 13. SIRRET ADDRESS 14. OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS IN 12. 15. TAMPA F. 16. OFFICERS AND DIRECTORS IN 12. 17. STEP ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 29. ADDITIONS/CHANGES TO OFFICERS A	Γ				3			
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 Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Plorida Statutes. SIGNATURE SQNAME, typed or printed name or registered agent, or the state of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or the state of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of Rorida. Statutes. INCEL MORES OFFICERS AND DIRECTORS 13. INCEL ALONSO, MIGUEL R 4710 N. HABANA STE 107 13. STREET ADDRESS CITY-ST-2P ITILE ALONSO, MIGUEL R 4710 N. HABANA STE 107 12. STREET ADDRESS CITY-ST-2P ITILE ALONSO, MIGUEL R 4710 N. HABANA STE 107 22. STREET ADDRESS CITY-ST-2P TAMPA FL DELETE 31. TITLE Change Addition Addition ALONSO, MIGUEL R 4.2 NAME 3.3 STREET ADDRESS CITY-ST-2P THE ALONSO, MIGUEL R 4.2 NAME 3.3 STREET ADDRESS CITY-ST-2P THE ALONSO, MIGUEL R 4.2 NAME 3.3 STREET ADDRESS CITY-ST-2P Addition ALONSO, MIGUEL R 4.2 NAME 3.3 STREET ADDRESS CITY-ST-2P Addition ALONSO, MIGUEL R 4.2 NAME 3.3 STREET ADDRESS CITY-ST-2P Addition ALONSO, MIGUEL R 4.2 NAME 3.3 STREET ADDRESS CITY-ST-2P Addition ALONSO, MIGUEL R 4.2 NAME 4.2 NAME 4.2 NAME 4.3 NAME 4.4 NAME 4.4 NAME 4.5 NA					_		1. 1 2 2 2	
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		artify that the information supplied a	with this filing does not available				Section 119 07/3/(i) Florida Statutos I further certifu 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, or on an attachment with a paddress.

SIGNATURE:

CR2E034 (10/97

Applied For

\$8.75 Additional

Fee Required

Not Applicable