

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G69233** (6)

1. Corporation Name

ALONSO MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

% PEDRO ALONSO
2321 S.W. 7TH STREET
MIAMI FL 33135

% PEDRO ALONSO
2321 S.W. 7TH STREET
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/04/1983**
3a. Date of Last Report: **04/26/1994**

4. FEI Number: **59-2326649**
Applied For:
Not Applicable:

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

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

6. This corporation is eligible for reduced tax under § 100.050, Florida Statutes: Yes No

2. Principal Place of Business

21. State, Apt. #, etc. 26. Mailing Address

22. State, Apt. #, etc. 27. State, Apt. #, etc.

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALONSO, PEDRO
2321 S.W. 7TH STREET
MIAMI FL 33135**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.09(4) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required) Signature of Agent (Required) Signature of Agent (Required) Signature of Agent (Required)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	DP
12. NAME	ALONSO, PEDRO
13. STREET ADDRESS	2929 SW 19TH ST
14. CITY, ST, ZIP	MIAMI, FL 00000
15. TITLE	D
16. NAME	ALONSO, LIDIA L.
17. STREET ADDRESS	2929 S.W. 19TH STREET
18. CITY, ST, ZIP	MIAMI FL
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(2) and 607.01(3), Florida Statutes. I affirm and certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make me liable under penalty that I am an officer or director of the corporation or the person or persons responsible for causing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block C of Block 1.3 to be typed on an attachment with an address.

SIGNATURE: Pedro Alonso

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Pedro Alonso

4/20/95 (305) 647-6744