

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # G69233

1. Entity Name
ALONSO MEDICAL CENTER, INC.



Principal Place of Business
% PEDRO ALONSO
2321 S.W. 7TH STREET
MIAMI, FL 33135

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



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2326649 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALONSO, PEDRO
STREET ADDRESS	2929 SW 19TH ST
CITY - ST - ZIP	MIAMI, FL 00000,
TITLE	D
NAME	ALONSO, LIDIA L.
STREET ADDRESS	2929 S.W. 19TH STREET
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000142106
 04/30/04-30078-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE: PEDRO ALONSO *Pedro Alonso* 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Me-Mo-YS #