

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052733

FILED
Apr 21, 2009
Secretary of State

Entity Name: DELILAH ALONSO, M.D., LLC

Current Principal Place of Business:

2222 PONCE DE LEON BLVD - PH
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2222 PONCE DE LEON BLVD - PH
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-1232006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODON, MARY LOU
2222 PONCE DE LEON BLVD.
PH - SUITE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALONSO, DELILAH
2222 PONCE DE LEON BLVD.
PH - SUITE
CORAL GABLES, FL 33134 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: DELILAH ALONSO

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALONSO, DELILAH A
Address: 2222 PONCE DE LEON BLVD PH
City-St-Zip: MIAMI, FL 33134 US

Title: MGRM () Delete
Name: DE ZARRAGA, FERNANDO
Address: 2222 PONCE DE LEON BLVD PH
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DELILAH ALONSO

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date