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FILED
Mar 17 1997 8:00am
Secretary of State



CORPORATION ANNUAL REPORT **1997**
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

1. Corporation Name: **ALONSO & ALONSO, M.D.P.A.**
 DOCUMENT # **L73406**

Mailing Address: **Alonso & Alonso, M.D.P.A.
 1330 Coral Way, Ste. 407
 Miami Fl 33145**
 Principal Place of Business: _____

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|------------------------|--|---------------------------------|--|--|--|---|--|
| 2. Mailing Address | | 2a. Principal Place of Business | | 4. FEI Number 65-0190724 | | 3a. Date of Last Report 1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 22 City & State | | 27 City & State | | 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/> | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 Zip | | 28 Zip | | 29 Country | | 30 Country | |

9. Name and Address of Current Registered Agent
**Leonardo Alonso
 1330 Coral Way, Ste. 407
 Miami Fl 33145**

10. Name and Address of New Registered Agent
 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 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|--------------------|---------------------------------|
| 1.1 TITLE | President-Treasurer |
| 1.2 NAME | Leonardo Alonso |
| 1.3 STREET ADDRESS | 1330 Coral Way, Ste. 407 |
| 1.4 CITY-ST-ZIP | Miami, Fl 33145 |
| 2.1 TITLE | Secretary |
| 2.2 NAME | Magaly Alonso |
| 2.3 STREET ADDRESS | 1330 Coral Way, Ste. 407 |
| 2.4 CITY-ST-ZIP | Miami, Fl 33145 |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
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| 5.1 TITLE | |
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| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------|
| 1.1 TITLE | |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | 200002115382 |
| 5.3 STREET ADDRESS | -03/17/97--01129--004 |
| 5.4 CITY-ST-ZIP | ***165.00 |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *x Leonardo Alonso* **LEONARDO ALONSO** **3/10/97** **305-285-0160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR