

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73406

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: ALONSO & ALONSO, M.D., P.A.

**Current Principal Place of Business:**

719 NW 13 AVE  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX144277  
MIAMI, FL 33144277 US

**New Mailing Address:**

FEI Number: 65-0190724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALONSO, LEONARDO, M.D.  
719 NW 13 AVE  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: ALONSO, LEONARDO MD,  
Address: 4808 GRANADA BLVD  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: ALONSO, MAGALY  
Address: 4808 GRANADA BLVD  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO ALONSO

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date