

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73406

FILED  
Jan 05, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LEONARDO ALONSO

PRES

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date