

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014728

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

3934 SW. 8 ST.
STE. 207
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3934 SW. 8 ST.
STE. 207
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 90-0008657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, IVO MD
3934 SW. 8 ST.
STE. 207
CORAL GABLES, FL 33134 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: MD () Delete
Name: ALONSO, IVO MD
Address: 3934 SW. 8 ST., STE. 207
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALONSO, IVO MD
Address: 3934 SW. 8 ST., STE. 207
City-St-Zip: CORAL GABLES, FL 33134

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: IVO ALONSO

_____ Electronic Signature of Signing Officer or Director

P

01/16/2009

_____ Date