

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014728

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

FILED  
Mar 26, 2010  
Secretary of State

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

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: IVO ALONSO

P

03/26/2010

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

\_\_\_\_\_ Date