2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048848

Entity Name: MARTHA N. ALFONSO, O.D., P.A.

FILED May 02, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

38108 MERIDIAN AVE. 11476 NW 81 TERRACE

DADE CITY, FL 33523 MIAMI, FL 33178

Current Mailing Address: New Mailing Address:

11476 NW 81 TERRACE 38108 MERIDIAN AVE DADE CITY, FL 33523 MIAMI, FL 33178

FEI Number: 41-2039007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALFONSO, MARTHA N 6740 NW 114TH AVENUE SUITE 726

ALFONSO, MARTHA N 11476 NW 81 TERRACE MIAMI, FL 33178 MIAMI, FL 33178 US

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: 05/02/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: **PVST** (X) Change () Addition

ALFONSO, MARTHA N Name: Name: ALFONSO, MARTHA N 6740 NW 114TH AVENUE SUITE 726 Address: 11476 NW 81 TERRACE Address:

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

Title: Title: (X) Change () Addition () Delete ALFONSO, MARTHA N Name: Name: ALFONSO, MARTHA N

6740 NW 114TH AVENUE SUITE 726 Address: 11476 NW 81 TERRACE Address: MIAMI, FL 33178 MIAMI, FL 33178 City-St-Zip: 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: MARTHA N ALFONSO **PVST** 05/02/2007