

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067445

FILED
Jan 29, 2004
Secretary of State

Entity Name: ALBERTO B. ALONSO, MD, P.A.

Current Principal Place of Business:

900 WEST 49TH STREET
SUITE 438
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

900 WEST 49TH STREET
SUITE 438
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 46-0489385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METSCH, BENJAMIN
1455 NW 14TH STREET
MIAMI, FL 33125

Name and Address of New Registered Agent:

ALONSO, ALBERTO B M.D.
900 WEST 49 ST NO. 438
HIALEAH, FL 33012

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: ALBERTO B. ALONSO, M.D. 01/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ALONSO, ALBERTO B MD
Address: 1455 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: ALONSO, ALBERTO B MD
Address: 1455 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALONSO, ALBERTO B MD
Address: 900 W 49TH ST. NO. 438
City-St-Zip: HIALEAH, FL 33012

Title: SC (X) Change () Addition
Name: ALONSO, DORA
Address: 900 W 49TH ST. NO. 438
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERTO B. ALONSO, M.D. PRES 01/29/2004

Electronic Signature of Signing Officer or Director Date