

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067445

FILED  
Jan 13, 2006  
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:**

ALONSO, ALBERTO B M.D.  
900 WEST 49 ST NO. 438  
HIALEAH, FL 33012      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: PD      ( ) Delete  
Name: ALONSO, ALBERTO B MD  
Address: 900 W 49TH ST. NO. 438  
City-St-Zip: HIALEAH, FL 33012

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERTO B. ALONSO

PD

01/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date