

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067445

FILED
Feb 08, 2008
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:

7101 SW 99TH AVENUE
SUITE 109-A
MIAMI, FL 33173

Current Mailing Address:

900 WEST 49TH STREET
SUITE 438
HIALEAH, FL 33012

New Mailing Address:

7101 SW 99TH AVENUE
SUITE 109-A
MIAMI, FL 33173

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
438
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

ALONSO, ALBERTO B M.D.
7101 SW 99TH AVENUE
SUITE 109-A
MIAMI, FL 33173 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: ALBRTO B. ALONSO

02/08/2008

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALONSO, ALBERTO B MD
Address: 7101 SW 99TH AVENUE, SUITE 109-A
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
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: ALBERTO B. ALONSO

PD

02/08/2008

Electronic Signature of Signing Officer or Director

Date