

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90747 046 ***150.00

DOCUMENT # P02000067445
1. Entity Name
ALBERTO B. ALONSO, MD, P.A.

90123354

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 WEST 49TH STREET	900 WEST 49TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 438	SUITE 438
City & State	City & State
HIALEAH, FL	HIALEAH, FL
Zip	Zip
33012	33012

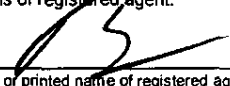
DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
46-0489385	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name	
BENJAMIN METSCH	
Street Address (P.O. Box Number is Not Acceptable)	
1455 NW 14TH STREET	
City	Zip Code
MIAMI	FL 33125

8. 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. I am familiar with, and accept the obligations of registered agent.

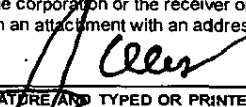
SIGNATURE  **BENJAMIN METSCH** **4/28/03**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PVST	TITLE	
NAME	ALONSO, ALBERTO B MD	NAME	
STREET ADDRESS	1455 NW 14TH STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33125	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALBERTO ALONSO** **4/28/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)