


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000114649
 1. Entity Name
 MADELEINE RODRIGUEZ-ALONSO, M.D., P.A.



Principal Place of Business 10281 SUNSET DRIVE 101 MIAMI, FL 33173	Mailing Address 10281 SUNSET DRIVE 101 MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



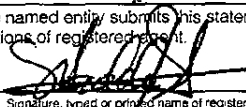
02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3661456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODRIGUEZ-ALONSO, MADELEINE
 10281 SUNSET DRIVE
 101
 MIAMI, FL 33173

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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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ-ALONSO, MADELEINE 10281 SUNSET DRIVE #101 MIAMI, FL 33173
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 04/22/05-80036-011 150.00

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 4/19/05 DAYTIME PHONE #: (305) 596-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR