

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

2/16

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90043 021 \*\*\*150.00

**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**

**66005481**



01132005 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3661456**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ-ALONSO, MADELEINE  
10281 SUNSET DRIVE  
101  
MIAMI, FL 33173**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**3/3/06**



ATTACHMENT  
66005481

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

MADELEINE RODRIGUEZ-ALONSO, M.D., P.A.  
10281 SUNSET DRIVE  
101  
MIAMI, FL 33173

Subject: MADELEINE RODRIGUEZ-ALONSO, M.D., P.A.

Reference Number: P02000114649

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION