

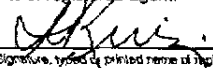
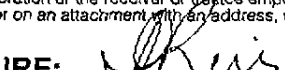


FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000083197						Secretary of State			
1. Entity Name ALONSO MEDICAL SERVICES, INC.									
Principal Place of Business 14928 SW 38 TERRACE MIAMI, FL 33185				Mailing Address 14928 SW 38 TERRACE MIAMI, FL 33185					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03092006 Chg-P CR2E034 (11/05)	
City & State				City & State				4. FEI Number 75-3125198	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALONSO, IVON 14928 SW 38 TERRACE MIAMI, FL 33185						7. Name and Address of New Registered Agent			
						Name			
						Street Address (P.O. Box Number is Not Acceptable)			
						City		FL Zip Code	
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: 						03/09/06 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, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS									
TITLE	P ALONSO, IVON <input type="checkbox"/> Delete			TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME	ALONSO, IVON			NAME	111111110467493 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	14928 SW 38 TERRACE			STREET ADDRESS	03/23/06-B0053-004 150.00				
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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: 						03/09/06 Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Daytime Phone #			