2007 FOR PROFIT CORPORATION

FILED Jun 04, 2007 8:00 am

ANNUAL REPORT							Secretary of State				
DOCUMENT # P03000083197 1. Entity Name ALONSO MEDICAL SERVICES, INC.						04-19-2007 90412 028 ***150.00			50.00		
Principal Plac	e of Business	Mailing Address		_	66017575						
14928 SW 3 MIAMI, FL 3		14928 SW 38 TERRACE MIAMI, FL 33185									
2. Principal Place of Business - No P.O. Box # ISYIS SW 31m.		3. Mailing Address			.,						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		052	42007	Chg-P	CR2E03	4 (12/06)			
City & State Miami. H.		City & State Miami, Fl.				El Numb				plied For at Applicable	
Zip 3318	Country	Zip 73 185	Countr	y USA			of Status Desired		8.75 Add	litional	
	8. Name and Address of Current I	Registered Agent			7. N	ame and	Address of New R	egistered A	gent		
ALONSO, IVON				Name							
14928 SW	38 TERRACE			Street Address (ox Numb	er is Not Acceptable	:)			
MIAMI, FL	33185										
									- ₁		
				City				FL	Zip Code	е	
8. The above	named entity submits this statement locations of registered agent	the purpose of changing its re	egistered	d affice or reg	gistered age	ent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept	
the ooliga:	lions of registered agents	•							`		
SIGNATURE.	Signature, tyced or printed name of registered agent p	and title if applicable (NOTE	Receptored	Agent signature re	ech wood when tou	netalian)		0\$ 25) və-		
	Solution, record printed to the local and a gold to	The same the same	mogratered /	Agent signature re	equired when ren	rstating)		DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		Election Campaign Financ Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees		In accordance w corporation did				
10.	OFFICERS AND	DIRECTORS	11.	···	ADI	DITIONS	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	P NONEO IVON	☐ Defete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	ALONSO, IVON 14928 SW 38 TERRACE		NAME STREET	1 ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33185		CITY-S	I							
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CITY-ST-ZIP			CITY-S	I .							

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

786 -419 - 5234 Daylime Phone #

☐ Change

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☐ Addition

Addition

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

4/19/2007-90412-028-\$150.00-\$150.00

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DOCUMENT # P0300008	3197.									
1. Entity Name			3							
ALONSO MEDICAL SERVICES, IN	C									
		7 ATT&C	ATTACHMENT							
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Principal Place of Business	Mailing Address									
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PilATI, PL 33103	MIAMI, FL 33185		\cup \cup \cup \cup	061757	フ					
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2. Principal Place of Business - No P.O. Box #										
15418 SW 31ch.	Suite Apt. # etc.) 31dn.	_							
Suite, Apt. #, etc.	Suite, Apr. #, etc.		03312007 Chg-P	CR2E034 (12/06)						
L City & State	City & State	_,	4. FEI Number	Ap	plied For					
Mrami, H.	1	75-3125198	No	t Applicable						
Zip Country	Country	5. Certificate of Status Desired	□ \$8.75 Add							
77183 1054	USA.	Fee Required								
6. Name and Address of Curren	t Kegistereo Agent	Name	7. Name and Address of New Registered Agent Name							
ALONSO, IVON										
14928 SW 38 TERRACE		Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33185					-					
` > •		-	<u>.</u>							
;		City		FL Zip Code	:					
8. The above named entity submits this statement	for the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Flo	orida. I am lamiliar with, a	and accept					
the obligations of registered agent.				. 1 1						
SIGNATURE DY/16/07										
Signature, typed or printed name of registered addl	Fendere i applicated (NOTE	. Registered Agent signature redi	rred when rematalang)	DATE						
_FILE NOWILL FEE IS \$150.00	9. Election Campaig	gn Financing	5.00 May Be							
After May 1, 2007 Fee will be \$550	Trust Fund Contri	ibution.	dded to Fees							
10. OFFICERS AN	D DIRECTORS	11,	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	IN 11					
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