

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


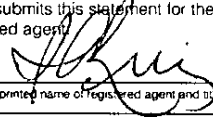
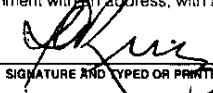
**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90412 028 \*\*\*150.00

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05242007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000083197			
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 - No P.O. Box # 15418 SW 31th. Suite, Apt. #, etc.		3. Mailing Address 15418 SW 31th. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33185	Country USA	Zip 33185	Country USA
4. FEI Number 75-3125198		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 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: 		DATE: 05/25/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, IVON 14928 SW 38 TERRACE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 05/25/07	Daytime Phone #: 786-419-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # P0300008319Z</b>			
1. Entity Name <b>ALONSO MEDICAL SERVICES, INC.</b>			
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 - No P.O. Box # 15418 SW 31st.		3. Mailing Address 15418 SW 31st.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33185		Zip 33185	
Country USA		Country USA	
4. FEI Number 75-3125198		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ALONSO, IVON</b> 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 <b>FL</b> 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: 		DATE: 04/16/07	
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, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNATURE: 		Date: 780-419-5236	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

66017575