

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094916

Entity Name: RAUL ALONSO, M.D., P.A.

FILED
May 16, 2009
Secretary of State

Current Principal Place of Business:

4302 SW 186 AVE
MIRAMAR, FL 33029

New Principal Place of Business:

7841 NW 192ND STREET
HIALEAH, FL 33015

Current Mailing Address:

4302 SW 186 AVE
MIRAMAR, FL 33029

New Mailing Address:

7841 NW 192ND STREET
HIALEAH, FL 33015

FEI Number: 20-0207086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, RAUL
4302 SW 186 AVE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

ALONSO, RAUL
7841 NW 192ND STREET
HIALEAH, FL 33015 US

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.

SIGNATURE: RAUL ALONSO

05/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: ALONSO, RAUL
Address: 4302 SW 186 AVE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: ALONSO, RAUL
Address: 7841 NW 192ND STREET
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL ALONSO

RA

05/16/2009

Electronic Signature of Signing Officer or Director

Date