

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000094916

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

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

7100 WEST 20 AVE  
SUITE 515  
HIALEAH, FL 33016

## **New Principal Place of Business:**

## **Current Mailing Address:**

15476 NW 77 COURT  
708#  
MIAMI LAKES, FL 33016

## **New Mailing Address:**

7100 WEST 20 AVE  
SUITE 515  
HIALEAH, FL 33016

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  
7841 NW 192ND STREET  
HIALEAH, FL 33015 US

## **Name and Address of New Registered Agent:**

ALONSO, RAUL  
7100 WEST 20TH AVENUE  
SUITE 515  
HIALEAH, FL 33016 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

03/21/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: MD  
Name: ALONSO, RAUL  
Address: 7100 WEST 20TH AVE; SUITE 515  
City-St-Zip: HIALEAH, FL 33016

I hereby 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 all other like empowered.

SIGNATURE: RAUL ALONSO

MD

03/21/2011

Electronic Signature of Signing Officer or Director

Date