

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096288

FILED  
Jan 05, 2008  
Secretary of State

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

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD., PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2222 PONCE DE LEON BLVD., PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, MAX A ESQ  
ONE ALHAMBRA PLAZA, STE 100  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      ALONSO, DELILAH A  
Address:                      318 ALESIO AVE  
City-St-Zip:                      CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      P                      (X) Change ( ) Addition  
Name:                      ALONSO, DELILAH A  
Address:                      6900 BARQUERA ST  
City-St-Zip:                      CORAL GABLES, FL 33146

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: DELILAH ALONSO, MD

PRES

01/05/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date