2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096288

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

FILED Apr 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2222 PONCE DE LEON BLVD., PH 6705 RED ROAD SUITE 518 CORAL GABLES, FL 33134 CORAL GABLES, FL 33143

Current Mailing Address: New Mailing Address:

2222 PONCE DE LEON BLVD., PH 6705 RED ROAD SUITE 518 CORAL GABLES, FL 33134 CORAL GABLES, FL 33143

FEI Number: 20-0205202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ADAMS, MAX A ESQ
ONE ALHAMBRA PLAZA, STE 100
CORAL GABLES, FL 33134 US
ALONSO, DELILAH PRES
6705 RED ROAD SUITE 518
CORAL GABLES, FL 33143 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: DELILAH ALONSO 04/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 ALONSO, DELILAH A
 Name:
 ALONSO, DELILAH

 Address:
 6900 BARQUERA ST
 Address:
 6705 RED ROAD, SUITE 518

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 CORAL GABLES, FL 33143

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 P 04/11/2009