2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

MIAMI, FL 33174

3. Mailing Address

1401 SW 107TH AVE SUITE 301-J

DOCUMENT # P04000005331

1. Entity Name HELVIO ALONSO, M.D., P.A.

Principal Place of Business

2. Principal Place of Business

MIAM FE 33174

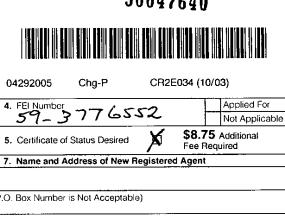
1401 SW 107TH AVE SUITE 301-J



FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90170 011 ***158.75

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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name ALONSO, HELVIO Street Address (P.O. Box Number is Not Acceptable) 1401 SW 107TH AVE SUITE 301-J MIAMI, FL 33174 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition PSD TITLE ☐ Delete TITLE ALONSO, HELVIO NAME NAME STREET ADDRESS 1401 SW 107TH AVE SUITE 301-J STREET ADDRESS MIAMI, FL 33174 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Helvio Alonso

SIGNATURE: _

Daytime Phone #