

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90021 011 ***158.75

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07112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000159071			
1. Entity Name ALFONSO PROFESSIONAL MEDICAL CENTER, INC.			
Principal Place of Business 12430 SW 29 TERR MIAMI, FL 33175		Mailing Address 12430 SW 29 TERR MIAMI, FL 33175	
2. Principal Place of Business 11180 W. Flagler St. Suite, Apt. #, etc. Suite # 13 City & State Miami, Florida Zip 33174 Country U.S.A.		3. Mailing Address 11180 W. Flagler St. Suite, Apt. #, etc. Suite # 13 City & State Miami, Florida Zip 33174 Country U.S.A.	
4. FEI Number 20-1912221		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFONSO, JUAN CARLOS 12430 SW 29 TERRACE MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Alfonso, Juan Carlos Street Address (P.O. Box Number is Not Acceptable) 11180 West Flagler Street Suite # 13 City Miami FL Zip Code 33174	
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 <u>x [Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/11/05</u>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, JUAN CARLOS 12430 SW 29 TERR MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfonso Juan Carlos 11180 West Flagler Street Miami, Florida 33174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u>x [Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>7/11/05</u> Daytime Phone # <u>305-480-8473</u>	