

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000159071

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** ALFONSO PROFESSIONAL MEDICAL CENTER, INC,

**Current Principal Place of Business:**

11180 W FLAGLER ST  
SUITE 13  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

11180 W FLAGLER ST  
SUITE 13  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 20-1912221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALFONSO, JUAN CARLOS  
11180 WEST FLAGLER STREET  
SUITE 13  
MIAMI, FL 33174 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  
**Name:** ALFONSO, JUAN CARLOS  
**Address:** 11180 WEST FLAGLER STREET  
**City-St-Zip:** MIAMI, FL 33174

**Title:** P  
**Name:** ALFONSO, JUAN C OWNER  
**Address:** 11180 WEST FLAGLER ST #13  
**City-St-Zip:** MIAMI, FL 33174

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:** JUAN C. ALFONSO

P

04/20/2010

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

\_\_\_\_\_  
Date