2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105286

Entity Name: MADELEN ALONSO, DDS, P.A.

FILED Mar 13, 2009 Secretary of State

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

4827 NW 183 ST MIAMI, FL 33055

Current Mailing Address: New Mailing Address:

4827 NW 183 ST MIAMI, FL 33055

FEI Number: 45-0553833 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:

RIVERO, JORGE ALONSO, MADELEN 4827 NW 183 ST 4827 NW 183 ST MIAMI, FL 33055 US MIAMI, FL 33055 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: MADELEN ALONSO 03/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PDS (X) Change () Addition

 Name:
 ALONSO, MADELEN
 Name:
 ALONSO, MADELEN

 Address:
 4827 NW 183 ST
 Address:
 4827 NW 183 ST

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:
 MIAMI, FL 33055

Title: VPTD (X) Delete Title: () Change () Addition

 Name:
 RIVERO, JORGE
 Name:

 Address:
 4827 NW 183 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:

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: MADELEN ALONSO PRES 03/13/2009