

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000099395

Entity Name: JAVIER ALONSO, MD, PA

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

201 CRANDON BLVD APT 1232  
KEY BISCAYNE, FL 331491525

## **New Principal Place of Business:**

201 CRANDON BLVD  
APT 1232  
KEY BISCAYNE, FL 33149 US

## **Current Mailing Address:**

201 CRANDON BLVD APT 1232  
KEY BISCAYNE, FL 331491525

## **New Mailing Address:**

201 CRANDON BLVD  
APT 1232  
KEY BISCAYNE, FL 33149 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SOKOLOW, CAROL CPA  
9500 S DADELAND BLVD STE 700  
MIAMI, FL 33156 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: ALONSO, JAVIER  
Address: 201 CRANDON BLVD APT 1232  
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: JAVIER ALONSO

P

04/24/2012

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

\_\_\_\_\_  
Date