

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041661

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** LESLIE R. ALONZO, III, OD, P.A.

**Current Principal Place of Business:**

BRANDON EYE CENTER  
403 VONDERBURG DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

3903 BLUE MAINDENCANE PLACE  
VALRICO, FL 33594

**New Mailing Address:**

3903 BLUE MAINDENCANE PLACE  
VALRICO, FL 33596

**FEI Number:** 59-3383044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALONZO, LESLIE R III  
3903 BLUE MAIDENCANE PLACE  
VALRICO, FL 33594 US

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

ALONZO, LESLIE R III  
3903 BLUE MAIDENCANE PLACE  
VALRICO, FL 33596 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:

02/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: OD  
Name: ALONZO, LESLIE R. III  
Address: 3903 BLUE MAIDENCANE PLACE  
City-St-Zip: VALRICO, FL 33596

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: LESLIE R. ALONZO. III

OD

02/09/2010

Electronic Signature of Signing Officer or Director

Date