


FILED

May 20, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000011998 1. Entity Name RODOLFO GUTIERREZ-ALSINA, M.D., P.A.	
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Principal Place of Business 8340 N.W. 154TH TERRACE HIALEAH, FL 33016	Mailing Address 8340 N.W. 154TH TERRACE HIALEAH, FL 33016
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04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUTIERREZ-ALSINA, RODOLFO 8340 N.W. 154TH TERRACE HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE

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: *Rodolfo Gutierrez Alsina* (Administrador) 5/15/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GUTIERREZ-RODOLFO, ALSINA P.A. 8340 N.W. 154TH TERRACE HIALEAH, FL 33016
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06/04/08-80050-001 558.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fees empowered.

SIGNATURE: *Rodolfo Gutierrez Alsina* (Administrador) 5/15/08 305-325-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #