

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L73406

**Entity Name:** ALONSO & ALONSO, M.D., P.A.

**Current Principal Place of Business:**

719 NW 13 AVE  
MIAMI, FL 33125

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC8851715654**

**Current Mailing Address:**

POBOX144277  
MIAMI, FL 33144-4277 US

**FEI Number: 65-0190724**

**Certificate of Status Desired: No**

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

ALONSO, LEONARDO, M.D.  
719 NW 13 AVE  
MIAMI, FL 33125 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PT  
Name ALONSO, LEONARDO MD  
Address 4808 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33146

Title S  
Name ALONSO, MAGALY  
Address 4808 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33146

*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: LEONARDO ALONSO**

**PRESIDENT**

**01/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date