

2020 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

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

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date