

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000052733

**Entity Name:** DELILAH ALONSO, M.D., LLC

**Current Principal Place of Business:**

2222 PONCE DE LEON BLVD - PH  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2222 PONCE DE LEON BLVD - PH  
CORAL GABLES, FL 33134

**FEI Number:** 26-1232006

**Certificate of Status Desired:** No

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

ALONSO, DELILAH  
2222 PONCE DE LEON BLVD.  
PH - SUITE  
CORAL GABLES, FL 33134 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	ALONSO, DELILAH A	Name	DE ZARRAGA, FERNANDO
Address	2222 PONCE DE LEON BLVD PH	Address	2222 PONCE DE LEON BLVD PH
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DELILAH ALONSO MD

**PRESIDENT**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date