


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000078687
1. Entity Name
JOHN J. MARTIN, JR., M.D., P.A.



Principal Place of Business
325 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Mailing Address
325 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0311179

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARTIN, JOHN J JR.
325 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000171170
08/30/04 00007-012 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, JOHN J JR.
STREET ADDRESS	325 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04 (303)444-5950
Date Daytime Phone #