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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16 1996 8:00 am  
Secretary of State

DOCUMENT # **G45438** (0)

1. Corporation Name

**ALVARO I. MARTINEZ, M.D., INVESTMENT CORP.**

Principal Place of Business

**7100 W 20TH AVE  
SUITE 312  
HIALEAH FL 33016**

Mailing Address

**7100 W 20TH AVE  
SUITE 312  
HIALEAH FL 33016**

2. Principal Place of Business

**21 15948 N.W. 82nd Place**

Suite, Apt. #, etc.

**22**  
City & State  
**23 Hialeah, FL**

**24 33016**

**25 USA**

2a. Mailing Address

**26 15948 N.W. 82nd Place**

Suite, Apt. #, etc.

**27**  
City & State  
**28 Hialeah, FL**

**29 33016**

**30 USA**

g. Name and Address of Current Registered Agent

**SALVER, PAUL  
5881 NW 151ST STREET, STE 101  
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified

**06/03/1983**

3a. Date of Last Report

**03/24/1995**

4. FEI Number

**59-2294789**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or individual agent

(NOTE: Registered Agent signature required when not at filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **MARTINEZ, ALVARO**  
CITY-ST-ZIP **7100 W 20TH AVE #312  
HIALEAH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition  
1. TITLE  
2. NAME **MARTINEZ, ALVARO**  
3. STREET ADDRESS **15948 N.W. 82nd Place**  
4. CITY-ST-ZIP **Hialeah, FL**

2. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

3. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

4. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

5. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

6. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alvaro I. Martinez, M.D.**

✓ 11 April 1996 ✓ (305) 825-1710

CR2E034 (12/95)