

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 644001

**Entity Name:** ROBERT MARTINEZ, M.D., P.A.

**Current Principal Place of Business:**

402 WEST DR. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33603

**Current Mailing Address:**

402 W. DR. ML KING JR BLVD  
TAMPA, FL 33603 US

**FEI Number:** 59-1944553

**Certificate of Status Desired:** No

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

MARTINEZ, ROBERT MD  
402 W. ML KING JR. BLVD  
TAMPA, FL 33603 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 PSD  
Name MARTINEZ, ROBERT  
Address 402 W. DR. ML KING, JR. BLVD  
City-State-Zip: TAMPA FL 33603

*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:** ROBERT MARTINEZ MD

**PRESIDENT**

**02/16/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date