## 2024 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

Officer/Director Detail:

Title PSD Title VP, DIRECTOR

Name MARTINEZ, ROBERT DR. Name MARTINEZ, ROBERT C DR.

Address 402 W. DR. ML KING, JR. BLVD Address 402 WEST DR. MARTIN LUTHER KING

BLVD.

City-State-Zip: TAMPA FL 33603

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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** 

02/20/2024

FILED Feb 20, 2024

**Secretary of State** 

5231308154CC

Date

Electronic Signature of Signing Officer/Director Detail

Date