

2018 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 DR.
Address 402 W. DR. ML KING, JR. BLVD
City-State-Zip: TAMPA FL 33603

Title VP, DIRECTOR
Name MARTINEZ, ROBERT C DR.
Address 402 WEST DR. MARTIN LUTHER KING
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

02/02/2018

Electronic Signature of Signing Officer/Director Detail

Date