

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000102055

**Entity Name:** BEATRIZ MARTIN, P.A.

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-3200208

**Certificate of Status Desired:** No

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

MARTIN, BEATRIZ  
999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134 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            PST  
Name            MARTIN, BEATRIZ  
Address        999 PONCE DE LEON BLVD.  
                  SUITE 1045  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            ZOMERFELD, RAYMOND J  
Address        999 PONCE DE LEON BLVD.  
                  1045  
City-State-Zip: CORAL GABLES FL 33134

*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:** BEATRIZ MARTIN

PST

04/30/2018

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

\_\_\_\_\_  
Date