

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:29

**DOCUMENT # 597194 (0)**

1. Corporation Name

**JESUS A. MARTINEZ, M.D., P.A.**

Principal Place of Business

4507 N ARMENIA AVE  
TAMPA FL 33600

Mailing Address

4507 N ARMENIA AVE  
TAMPA FL 33600

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1978**  
3a. Date of Last Report: **03/22/1994**

4. FEI Number: **59-1870414**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. The corporation has paid fees for:  \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 100.032, Florida Statutes:  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**MARTINEZ, JESUS A.  
4507 NORTH ARMENIA AVENUE  
TAMPA, FL LP**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607 (602) and 607 (502), 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 (505) Florida Statutes.

SIGNATURE

(Signature of current registered agent and fee applicable)

(Signature of new agent required when registering)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PST</b>
NAME	<b>MARTINEZ, JESUS A.</b>
STREET ADDRESS	<b>4507 N ARMENIA AVE</b>
CITY, ST, ZIP	<b>TAMPA FL</b>
TITLE	<b>V</b>
NAME	<b>MARTINEZ, EMLIA</b>
STREET ADDRESS	<b>4507 N. ARMENIA AVE.</b>
CITY, ST, ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

12. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110 (07)(g), 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 member 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 of this report, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)