

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90121 015 ***150.00

DOCUMENT # 597194

1. Entity Name
JESUS A. MARTINEZ, M.D., P.A.

Principal Place of Business Mailing Address
4507 N ARMENIA AVE **4507 N ARMENIA AVE**
TAMPA FL 33603 **TAMPA FL 33603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1870414		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MARTINEZ, JESUS A 4507 NORTH ARMENIA AVENUE TAMPA, FL LP FL				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, PATRICIA		NAME		
STREET ADDRESS	4507 N ARMENIA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Date: 4/26/02 Daytime Phone #: (813) 879-3524

CR2E034 (9/01)

JESUS A. MARTINEZ, M.D., P.A.
 4507 N Armenia Ave, Ph. 813-879-3524
 Tampa, FL 33603-2703

Attachment

6088

594194
 DATE *April 25/01*

63-666/632

PAY TO THE ORDER OF *Department of State*

195536 \$150.00

One Hundred fifty and 00/100

DOLLARS

Security Features

Regions Bank
 FLORIDA

FOR *59-1870114*

Received

⑈006088⑈ ⑆063206663⑆ 56 5110 3679⑈

Zip	Country	Zip	Country	5. Certificate of State Election <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. 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 _____
Signature typed or printed name of registered agent and the state cable (NOTE: Registered Agent's signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

NAME PST MARTINEZ, JESUS A 4507 N ARMENIA AVE TAMPA FL	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

NAME <i>Patricia Martinez</i> 4507 N ARMENIA Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

Please Add as vice Pres. (copy of 2001)

13. I hereby certify that the information supplied with this statement is true and correct and that my signature shall have the same legal effect as if it were made by me in person. 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 my name is registered in Block 11 or 12 of this form, or on an attachment with an address, which is otherwise empowered.

SIGNATURE *Received* 4/25/01 8793524