


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90149 016 \*\*\*150.00

DOCUMENT # 597194  
1. Entity Name  
JESUS A. MARTINEZ, M.D.P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2810 W. ST. ISABEL ST.  
Suite, Apt. #, etc.

3. Mailing Address  
3003 PEACOCK ST.  
Suite, Apt. #, etc.

City & State  
TAMPA, FL. 33607

City & State  
Tampa FL.

Zip  
33618

Country  
USA.

**\$5048137**

DO NOT WRITE IN THIS SPACE

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4. FEI Number  
59-1970414

Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
JESUS A. MARTINEZ, President

Street Address (P.O. Box Number is Not Acceptable)  
3003 PEACOCK ST.

City  
Tampa

State  
FL

Zip Code  
33618

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS                     |  |  |                                   |
|--|--|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>JESUS A. MARTINEZ Pres.</u><br><u>3003 PEACOCK ST.</u><br><u>TAMPA, FL. 33618</u>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>PATRICIA E. MARTINEZ</u><br><u>3003 PEACOCK ST.</u><br><u>TAMPA, FL. 33618</u> Vice Pres. | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JESUS A. MARTINEZ 4-25-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034R 11/01/02