

**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.

3. Mailing Address

3003 PEACOCK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL. 33607

City & State

Tampa FL.

Zip

Country

Zip

33618

Country

USA.

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

FL

Zip Code

33618

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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 NAME STREET ADDRESS CITY-ST-ZIP	JESUS A. MARTINEZ Pres. 3003 PEACOCK ST. TAMPA, FL. 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA E. MARTINEZ 3003 PEACOCK ST. TAMPA, FL. 33618 Vice Pres.
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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:

JESUS A. MARTINEZ

JESUS A. MARTINEZ 4-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034R 11/2/02