


**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.

4. FEI Number
59-1970414

Applied For
 Not Applicable

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

55048137

DO NOT WRITE IN THIS SPACE

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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 NAME STREET ADDRESS CITY-ST-ZIP	JESUS A. MARTINEZ Pres. 3003 PEACOCK ST. TAMPA, FL. 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA E. MARTINEZ 3003 PEACOCK ST. TAMPA, FL. 33618 Vice Pres.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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** **4-25-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034R 11/01/02