FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 25 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **638594** **(2)**

1. Corporation Name
ARMANDO O. MARTINEZ, M.D., P.A.

Principal Place of Business	Mailing Address
1395 N COVRTENAY PRKWY STE 200 PO BOX 2049 MERRITT ISL FL 32952	1395 N COVRTENAY PRKWY STE 200 PO BOX 2049 MERRITT ISL FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1979**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business (21): 1395 N.Courtenay Pkwy
2a. Mailing Address (26):

Suite, Apt. #, etc. (22): Suite 200
Suite, Apt. #, etc. (27):

City & State (23): Merritt Island
City & State (28): Fl.

Zip (24): 32953
County (25):
Zip (29):
County (30):

4. FEI Number: **59-1953103** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, ARMANDO O., M.D., P.A. +
9 ORANGE AVENUE
ROCKLEDGE FL

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of new or former registered agent and date of each sign. NOTE: Registered Agent signature required when necessary.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, ARMANDO	12 NAME	
STREET ADDRESS	1395 N COVRTENAY PKWY	13 STREET ADDRESS	
CITY ST ZIP	MERRITT ISL FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, DANIA	22 NAME	
STREET ADDRESS	1395 N COVRTENAY PKWY	23 STREET ADDRESS	
CITY ST ZIP	MERRITT ISL FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/19/95 407-459-1333
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070414 CP