2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # 638594

ARMANDO O. MARTINEZ, M.D., P.A.



Principal Place of Business

1395 N. COURTENAY PKAY

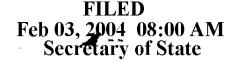
SUITE 200 MERRITT ISLAND, FL 32953

Mailing Address

1395 N COVRTENAY PRKWY STE 200

PO BOX 2049

MERRITT ISL, FL 32952





01272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1953103

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED IN

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				Agent signature required when ministating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000032964 02/05/04-80024-016 150.00
10. OFFICERS AND DIRECTORS					
TATLE NAME STREET ADDRESS CATY-ST-ZIP	PSD MARTINEZ, ARMANDO 1395 N COVRTENAY PKWY MERRITT ISL, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, DANIA 1395 N COVRTENAY PKWY MERRITT ISL, FL				
title Name Street Address City-St-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE WAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this liking does not quality 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 tegal 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 Block 11 if changed, or on an attachment with an elder 53, with all other like empowered.					