

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 638594 1. Entity Name ARMANDO O. MARTINEZ, M.D., P.A.	
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Principal Place of Business 1395 N. COURTENAY PKAY SUITE 200 MERRITT ISLAND, FL 32953 US	Mailing Address 1395 N COVRTENAY PRKWY STE 200 PO BOX 2049 MERRITT ISL, FL 32952
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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.

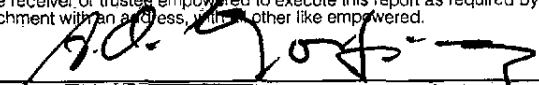
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, within other like empowered.

SIGNATURE:  **3/15/05** **321-459-1333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #