2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 08:00 AN
Secretary of State

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DOCU	MENT # 691338				Secretai	y or Sta		
1. Entity Name MARCIA MARTINEZ, D.M.D., P.A.					•			
VIARCIA	WARTINEZ, D.W.D., F.A.							
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	e of Business	Mailing Address	•					
5180 CURRY Orlando, F		5180 CURRY FORD RD ORLANDO, FL 32812						
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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 II applicable. (NOTE Registered Agent signature required when rein					· · · · · · · · · · · · · · · · · · ·	DATE		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees				
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10.	OFFICERS AND DI	RECTORS	4. + 1		点 20	and and pur		
TITLE NAME	DR MARTINEZ, MARCIA						41 1 1 1 1	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes Turther 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/07 (407)273-662