

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F36815

1. Entity Name  
SANDY MARTIN, M.D., P.A.

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90004 032 \*\*\*150.00

0407025 AV

Principal Place of Business  
5258 LINTON BLVD. #306  
DELRAY BCH FL 33484

Mailing Address  
5258 LINTON BLVD. #306  
DELRAY BCH FL 33484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6545 NW 39th Terrace  
Suite, Apt. #, etc.

3. Mailing Address  
6545 NW 39th Terrace  
Suite, Apt. #, etc.

City & State  
Boca Raton FL  
Zip 33496 Country PALM

City & State  
Boca Raton FL  
Zip 33496 Country PALM

4. FEI Number 59-2095008

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MARTIN, SANDY  
5258 LINTON BLVD. #306  
DELRAY FL 33484

Name MARTIN, SANDY  
Street Address (P.O. Box Number is Not Acceptable)  
6545 NW 39th Terrace  
City Boca Raton FL Zip 33496

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.

SIGNATURE [Signature] DATE 1/3/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE DP  
NAME MARTIN, SANDY  
STREET ADDRESS 5258 LINTON BLVD #306  
CITY-ST-ZIP DELRAY BCH FL 33484  
*6545 NW 39th Terrace Boca Raton FL 33496*

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/3/02 DAYTIME PHONE # 561 998 9959

11/07/02