

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90397 005 \*\*\*150.00

24035296



MOORE CR2E034 (11/03)

<b>DOCUMENT # F75589</b> 1. Entity Name <b>STEPHEN N. MARTYAK, M.D., P.A.</b>				<b>Secretary of State</b> 04-05-2004 90397 005 ***150.00	
Principal Place of Business <b>3355 BURNS RD 306 PALM BCH GDNS FL 33410 US</b>		Mailing Address <b>3355 BURNS RD 306 PALM BCH GDNS FL 33410 US</b>		<b>24035296</b> 	
2. Principal Place of Business		3. Mailing Address <b>2305 FAIRWAY DR. S.</b>		<b>MOORE CR2E034 (11/03)</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2184841</b> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State <b>JUPITER FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip <b>33477</b>	Country <b>Palm Beach</b>		
6. Name and Address of Current Registered Agent <b>MARTYAK, STEPHEN N., M.D. 3355 BURNS RD #306 PALM BCH GARDENS FL 33410</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTYAK, STEPHEN N MD 3355 BURNS RD #306 PALM BCH GDNS FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTYAK, Stephen N. 2305 Fairway Dr. S. Jupiter, FL 33477
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Stephen N. Martyak MD</b> 4/2/04 561 6225569 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					