## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G45438**

1. Entity Name

ALVARO I. MARTINEZ, M.D., INVESTMENT CORP.



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business 15948 NW 82ND PLACE HIALEAH, FL 33016 US Mailing Address

7150 W 20TH AVE

412

HIALEAH, FL 33016



DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2294789 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVER, PAUL 2721 EXECUTIVE PARK DRIVE SUITE 3 WESTON, FL 33331

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

Om. 123/07

Daytime Phone #

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 if applicable (NOTE Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			~ —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, ALVARO 15948 NW 82ND PLACE HIALEAH, FL 33016			U00000745041 05/16/07-80012-023 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/16/07-80012-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.						

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR