

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90080 014 ***150.00

DOCUMENT # J96733

1. Entity Name
GUILLERMO A. MARTINEZ, M.D. P.A.



Principal Place of Business
**1295 NW 14TH ST. SUITE J
MIAMI FL 33125**

Mailing Address
**13525 SW 61 CT
MIAMI FL 33156**

20011586



2. Principal Place of Business

3. Mailing Address
626 Coral Way

Suite/Apt. #, etc.

Suite/Apt. #, etc.
503

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Coral Gables

4. FEI Number
59-2779840

Applied For
Not Applicable

Zip

Country

Zip
33134

Country
U.S.A

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

KURZWEIL, HOWARD W.

**UNION PLANTERS BANK BLDG 2600 Douglas Rd.
2161 LE JEUNE RD., MEZZANINE Suite 501
CORAL GABLES FL 33134 Coral Gables, FL. 33134**

Name
Howard Kurzweil

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road

Suite 501

City
Coral Gables

FL

Zip Code
33134

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARTINEZ, GUILLERMO A.**
STREET ADDRESS **13525 SW 61 CT. 626 Coral Way #503**
CITY-ST-ZIP **MIAMI FL 33156 Coral Gables 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

305-5472700

Date

Daytime Phone #

CR2E034 (10/02)