


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 8:00 am
Secretary of State

07-21-2006 90029 045 ***150.00

DOCUMENT # K52951 1. Entity Name FELIPE R. MARTIN, D.D.S., P.A.	
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Principal Place of Business FELIPE R. MARTIN, D.D.S., P.A. PEMBROKE PINES, FL 33029	Mailing Address 17808 NW 2ND ST PEMBROKE PINES, FL 33029
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66023321

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0092345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, FELIPE R. DDS., P.A. 1300 W 49 ST HALEAH, FL 33012 17808 NW 2 St. PEMBROKE PINES, FL 33029
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**DO NOT WRITE
IN THIS SPACE**

B. 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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

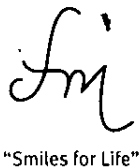
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, FELIPE R. DDS 20008 N.W. 6TH ST PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Felipe Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4/25/06 X954-538-0047
Date Daytime Phone #



Felipe R. Martin, D.D.S., P. A.
General, Cosmetic & Implant Dentistry

ATTACHMENT

166023321
#K52951

August 15, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

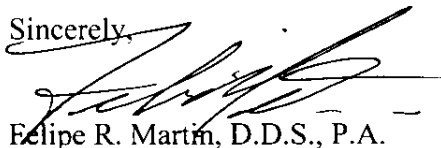
RE: K52951

Please be advised that the fee for \$150.00 to file the 2006 annual report was originally submitted to the wrong office. (see attached)

We recently received this back from the social security office. The original annual report was forwarded to you, by them along with the check.

Please check your records accordingly and waive the \$400 late fee.

Sincerely,



Felipe R. Martin, D.D.S., P.A.

ATTACHMENT



66023321

#K052951

SOCIAL SECURITY

FELIPE R MARTIN DDS PA
17868 NW 2ND STREET
PEMBROKE PINES FL 33029

SOCIAL SECURITY ADMINISTRATION
WILKES-BARRE DATA OPERATIONS CTR.
1150 E. MOUNTAIN DR.
WILKES-BARRE, PA. 18702

DATE: 06-30-06

TELEPHONE NUMBER:

1-800-775-7802 EXT. 1599

THE ENCLOSED CHECK FOR \$ 150.00
WAS APPARENTLY SENT TO US IN ERROR. THEREFORE, WE ARE
RETURNING IT TO YOU FOR FORWARDING TO THE PROPER INDIVIDUAL
OR AGENCY. FL DEPT OF STATE

*The check was sent to
an error above
the address.*