

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 21 PM 3:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # K71659 (2)
1. Corporation Name
**RAMON O. MARTINEZ, M.D. AND MARIA J. LOZANO, M.D.
., P.A.**

Principal Place of Business Mailing Address
**% RAMON O. MARTINEZ, M.D.
1690 SEMORAN BLVD. #201
WINTER PARK FL 32792** **% RAMON O. MARTINEZ, M.D.
1690 SEMORAN BLVD. #201
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/07/1989		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number 29-5929549		Applied For Not Applicable	
22. Suite, Apt. #, etc. 251		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
Country		Country	
30. Country		30. Country	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINEZ, RAMON O., M.D.
1690 SEMORAN BLVD.
#231
WINTER PARK FL 32792**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RAMON O.	1.2 NAME	
STREET ADDRESS	688 LAMOKA CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZANO, MARIA J., M.D.	2.2 NAME	
STREET ADDRESS	688 LAMOKA CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95 (407) 679-804