


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State


02-13-2004 90005 019 ***150.00

DOCUMENT # L14000 1. Entity Name JOSE MARTINEZ-ALBA JR M.D.P.A.					
Principal Place of Business 7100 W 20TH AVE 516 HIALEAH FL 33016 US			Mailing Address 7100 W 20TH AVE 516 HIALEAH FL 33016 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0144488				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MARTINEZ-ALBA, JOSE, JR. 7100 W 20 AVE PALMETTO MED PLAZA STE 516 HIALEAH FL 33016	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTINEZ-ALBA, JOSE, JR. 7100 W 20 AVENUE STE 516 HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE R. MARTINEZ-ALBA JR. MD P.A. Change <input checked="" type="checkbox"/> Addition 7100 WEST 20 AVENUE # 514 HIALEAH FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		



MOORE CR2E034 (11/03)

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: JOSE R. MARTINEZ-ALBA JR, MD  2/6/04 (305) 556 2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment [REDACTED]
L14000

JOSE R. MARTINEZ-ALBA, JR., M.D., P.A.

BOARD CERTIFIED IN GENERAL SURGERY
AMERICAN BOARD OF SURGERY
GENERAL SURGERY

54005832

PALMETTO MEDICAL PLAZA
7100 W. 20TH AVENUE, SUITE 514
HIALEAH, FLORIDA 33016

TELEPHONE
(305) 556-2255

JANUARY 6, 2004.


TO: FLORIDA DEPARTMENT OF STATE
DOCUMENT # L14000
RE: ENTITY NAME

TO WHOM IT MAY CONCERN:

PLEASE MAKE THE NECESSARY CORRECTION TO THE ENTITY NAME. THE
NAME SHOULD READ AS FOLLOW:

JOSE R. MARTINEZ-ALBA, JR., M.D., P.A.

IF THERE IS ANY QUESTION FEEL FREE TO GIVE US A CALL.
THANK YOU,


JOSE R. MARTINEZ-ALBA, JR., M.D.
GENERAL SURGEON