


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90064 040 \*\*\*150.00

**DOCUMENT # L65296**

1. Entity Name  
**JOSE R. MARTIN SR. M.D., M.P.S., P.A.**



Principal Place of Business  
**2471 NW 7TH STREET  
 MIAMI, FL 33125-3150 US**

Mailing Address  
**2471 NW 7TH STREET  
 MIAMI, FL 33125-3450 US**

**40021911**



02162003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

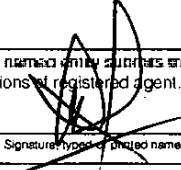
4. FBI Number <b>65-0185988</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

B. Name and Address of Current Registered Agent

**MARTIN, JOSE R., M.D.  
 701 SW 59 AVE  
 MIAMI, FL 33144**

**DO NOT WRITE IN THIS SPACE**

I, the above named entity, submit 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  DATE 02-16-05

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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, JOSE R., M.D. 701 SW 59 AVE MIAMI, FL
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TITLE NAME STREET ADDRESS	

**DO NOT WRITE IN THIS SPACE**