

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90081 013 ***158.75

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

40009463



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01302007 Chg-P CR2E034 (12/06)

4. FEI Number
 65-0186012

Applied For
 Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTIN, JOSE R., M.D.
 701 SW 59 AVE
 MIAMI, FL 33144

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 understand the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MARTIN, JOSE R., M.D. | |
| STREET ADDRESS | 701 SW 59 AVE | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|----------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| NAME | ELISA CAMPOS | |
| STREET ADDRESS | 8635 N.W. 8 ST. #214 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 02-01-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
40009463
 #L65296

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

JOSE R MARTIN SR MD MPS PA
 2471 NW 7TH ST
 MIAMI, FL 33125-3150

EIN 65-0186012 240112

| | | |
|-------|--------|-------------|
| 941 | 945 | 1st Quarter |
| 990-C | 1120 | 2nd Quarter |
| 943 | 990-T | 3rd Quarter |
| 720 | 990-PF | 4th Quarter |
| CT-1 | 1042 | |

NOTE: PLEASE CORRECT YOUR RECORDS ACCORDINGLY TO READ 65-0186012 ON #4

62

29 6 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon Form 8109 (Rev. 12-2002)