

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L65296

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2471 NW 7TH STREET  
MIAMI, FL 331253150 US

**New Principal Place of Business:**

3970 WEST FLAGLER ST SUITE # 101  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2471 NW 7TH STREET  
MIAMI, FL 331253450 US

**New Mailing Address:**

736 NW 22ND AVE.  
MIAMI, FL 33125 US

**FEI Number:** 65-0186012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ALMARALES, JOSE L ACCOUNT  
736 NW 22ND AVE.  
MIAMI, FL 33125 US

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.

SIGNATURE: JOSE L ALMARALES

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTIN, JOSE R., M.D.  
Address: 701 SW 59 AVE  
City-St-Zip: MIAMI, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE R MARTIN

P

03/03/2011

Electronic Signature of Signing Officer or Director

Date