


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90022 003 ***150.00

DOCUMENT # L74396
1. Entity Name
JOSE L. MARTINEZ M.D., P.A.



Principal Place of Business: **10115 FOREST HILL BLVD #102 WEST PALM BEACH FL 33414**
Mailing Address: ~~**13348 KINGSBURY DR WELLINGTON FL 33414**~~

01004040



MOORE CR2E034 (11/03)

2. Principal Place of Business: **10115 Forest hill blvd.**
Suite, Apt. #, etc.: **# 102**
3. Mailing Address: **10115 Forest hill blvd #102**
Suite, Apt. #, etc.

City & State: **W.P.B., FL**
City & State: **WPB, FL**

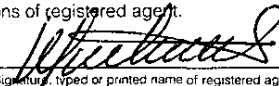
4. FEI Number: **65-0192357**
Applied For: Not Applicable

Zip: **33414** Country: **FL**
Zip: **33414** Country: **FL**

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

6. Name and Address of Current Registered Agent
**MARTINEZ, JOSE L.
13348 KINGSBURY DR
WELLINGTON-FL-33414**

7. Name and Address of New Registered Agent
Name: **MARTINEZ, JOSE L.**
Street Address (P.O. Box Number is Not Acceptable): **10115 Forest hill blvd #102**
W.P.B. FL
City: **FL** Zip Code: **33414**

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:  **Jose L. Martinez, MD** DATE: **1-23-04**
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State.

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


10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE L.	
STREET ADDRESS	10115 FOREST HILL B.VD 102	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
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		
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: **1-23-04** DAYTIME PHONE #: **561-791-1630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR