


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90026 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 10115 FOREST HILL BLVD # 102 WEST PALM BEACH FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0192357</b> <span style="float: right;">Applied For Not Applicable</span>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTINEZ, JOSE L. 10115 FOREST HILL BLVD #102 WEST PALM BEACH FL 33414				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTINEZ, JOSE L.	NAME			
STREET ADDRESS	10115 FOREST HILL B.VD 102	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33414	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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: <u>Jose L. Martinez</u>		Date: <u>7-18-05</u>		Daytime Phone: <u>561-791-1630</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

Dr. Jose L. Martinez MD  
10115 Forest Hill Blvd.  
Suite 102  
Wellington, Fl 33414

06026376  
#L74396

August 16, 2005

To Division Corporation

Please note that I never received the annual report notice this year.

When I got the form in July I immediately sent the form with the payment.

Thank You

*O. Mendelson*  
Osi Mendelson  
Office Manager



ATTACHMENT

06026376

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 25, 2005

JOSE L. MARTINEZ M.D., P.A.  
10115 FOREST HILL BLVD  
# 102  
WEST PALM BEACH, FL 33414

RECEIVED AUG 16 2005

Subject: **JOSE L. MARTINEZ M.D., P.A.**

Reference Number: **L74396**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314