

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74396

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: JOSE L. MARTINEZ M.D., P.A.

**Current Principal Place of Business:**

10115 FOREST HILL BLVD  
# 102  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10115 FOREST HILL BLVD  
# 102  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

FEI Number: 65-0192357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARTINEZ, JOSE L.  
10115 FOREST HILL BLVD #102  
WEST PALM BEACH, FL 33414      US

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

MARTINEZ, JOSE L.  
10115 FOREST HILL BLVD  
#102  
WEST PALM BEACH, FL 33414 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: \_\_\_\_\_ 01/04/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            MARTINEZ, JOSE L.,  
Address:        10115 FOREST HILL B.VD 102  
City-St-Zip:    WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            MD            (X) Change ( ) Addition  
Name:            MARTINEZ, JOSE L.,  
Address:        10115 FOREST HILL BLVD #102  
City-St-Zip:    WEST PALM BEACH, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE MARTINEZ, MD      MD      01/04/2007  
Electronic Signature of Signing Officer or Director      Date