

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74396

FILED
Jan 05, 2009
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:

3319 SR 7
215
WELLINGTON, FL 33449

Current Mailing Address:

11653 SOUTH BREEZE PL
WELLINGTON, FL 33449

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.
11653 SOUTH BREEZE PL
WELLINGTON, FL 33449 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MARTINEZ, JOSE L.,
Address: 10115 FOREST HILL BLVD #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: 3319 SR 7 SUITE 215
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify 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: OSI _____

Electronic Signature of Signing Officer or Director

MGR _____

01/05/2009 _____

Date