

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L74396

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

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

**Current Principal Place of Business:**

3319 SR 7  
215  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**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: JOSE L MARTINEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: MARTINEZ, JOSE L.  
Address: 3319 SR 7 SUITE 215  
City-St-Zip: WELLINGTON, FL 33449

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 L. MARTINEZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MD

10/03/2011

\_\_\_\_\_  
Date