

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90002 020 ***150.00

DOCUMENT # M19839

1. Entity Name

MANUEL C. MARTINEZ, M.D., P.A.



Principal Place of Business

7357 W FLAGLER ST
MIAMI FL 33144
US

Mailing Address

7357 WEST FLAGLER ST
MIAMI FL 33144
US

2. Principal Place of Business

10031 SW 40th St

3. Mailing Address

10031 SW 40th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

59-2569412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MANUEL C.
7357 W FLAGLER ST
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name: MANUEL C MARTINEZ MD
Street Address (P.O. Box Number is Not Acceptable): 10031 SW 40th St.
City: Miami FL Zip Code: 33165

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DR
NAME: MARTINEZ, MANUEL C.
STREET ADDRESS: 7357 W FLAGLER ST
CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: 10031 SW 40th St
STREET ADDRESS: Miami FL 33165
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 by 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/04