

**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      Mailing Address  
**7357 W FLAGLER ST**      **7357 WEST FLAGLER ST**  
**MIAMI FL 33144**      **MIAMI FL 33144**  
**US**      **US**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**10031 SW 40th St**      **10031 SW 40th St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami FL**      **Miami FL**  
 Zip      Country      Zip      Country  
**33165**      **USA**      **33165**      **USA**

4. FEI Number      Applied For  
**59-2569412**       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**      State **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]*      DATE **2/12/04**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DR                  | <input type="checkbox"/> Delete |
| NAME           | MARTINEZ, MANUEL C. |                                 |
| STREET ADDRESS | 7357 W FLAGLER ST   |                                 |
| CITY-ST-ZIP    | MIAMI FL            |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                  |  |
|----------------|------------------|--|
| TITLE          |                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                  |  |
| STREET ADDRESS | 10031 SW 40th St |  |
| CITY-ST-ZIP    | Miami FL 33165   |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| 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 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]*      DATE: **2/12/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #