2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P00000017120

Entity Name: DR. AXEL MARTINEZ, D.M.D., P.A.

Current Principal Place of Business:

2654 N. ANDREWS
4
WILTON MANORS, FL 33311

New Principal Place of Business:

Current Mailing Address:

2654 N. ANDREWS
4
WILTON MANORS, FL 33311

New Mailing Address:

FEI Number: 65-1042087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, AXEL
2654 N. ANDREWS AVE #4
WILTON MANORS, FL 33311 US

Name and Address of New Registered Agent:

MARTINEZ, AXEL DMD
2654 N. ANDREWS AVE #4
WILTON MANORS, FL 33311 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: AXEL MARTINEZ 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARTINEZ, AXEL
Address: 2654 N. ANDREWS AVE., #4
City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DMD (X) Change ( ) Addition
Name: MARTINEZ, AXEL DMD
Address: 2654 N. ANDREWS AVE., #4
City-St-Zip: WILTON MANORS, FL 33311

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: AXEL MARTINEZ DMD 04/24/2009
Electronic Signature of Signing Officer or Director Date