

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017120

FILED
Feb 15, 2011
Secretary of State

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 DMD
2654 N. ANDREWS AVE #4
WILTON MANORS, FL 33311 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

OFFICERS AND DIRECTORS:

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

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: MARTHA CAMPOS

OM

02/15/2011

Electronic Signature of Signing Officer or Director

Date