## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000050583

City-St-Zip:

Entity Name: MARTY R. BROWN, M.D., P.A.

MELBOURNE BEACH, FL 32951

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
470 NIKOI MELBOUF	MAS WAY RNE BEACH, F	L 32951			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
470 NIKOI MELBOUF	MAS WAY RNE BEACH, F	L 32951			
FEI Number	: 59-3648653	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
930 S HAF	ON, J PATRICK RBOR CITY BL RNE, FL 32901	VD STE 505			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PSTD () BROWN, MART 470 NIKOMAS N		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

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: MARTY BROWN OWNE 03/05/2009