2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# P00000080340

Entity Name: ANTHONY J. MARTINEZ, P.A.

Current Principal Place of Business:

15 CYPRESS WAY
STE 205
PALM COAST, FL 32164

New Principal Place of Business:

61 MEMORIAL MEDICAL PARKWAY
STE 2802
PALM COAST, FL 32164

Current Mailing Address:

15 CYPRESS WAY
STE 205
PALM COAST, FL 32164

New Mailing Address:

61 MEMORIAL MEDICAL PARKWAY
STE 2802
PALM COAST, FL 32164

FEI Number: 59-3678799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, ANTHONY
130 SHADY BRANCH TRAIL
ORMOND BCH, FL 32174 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTINEZ, ANTHONY J
Address: 130 SHADY BRANCH TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY J. MARTINEZ, MD, PA PRES 07/05/2005

Electronic Signature of Signing Officer or Director Date