


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -3 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091350	
1. Entity Name Aicmee Martinez, DMD PA	

DO NOT WRITE IN THIS SPACE

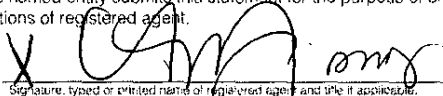
2. Principal Place of Business 8220 NW 167 St. Suite, Apt. #, etc.	3. Mailing Address 8220 NW 167 St. Suite, Apt. #, etc.
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REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State Miami Lakes, FL	City & State Miami Lakes, FL	4. FEI Number 65-1043131	Applied For <input type="checkbox"/> Not Applicable
Zip 33016	Country USA	Zip 33016	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Aicmee Martinez	
	Street Address (P.O. Box Number is Not Acceptable) 8220 NW 167 St	
	City Miami Lakes	FL Zip Code 33016

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.

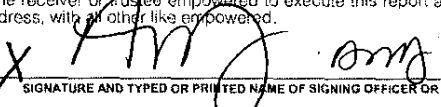
SIGNATURE  DATE Oct 29, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Aicmee Martinez DMD PA 8220 NW 167 St Miami Lakes, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100024385611 11/03/03--01090--009 **150.00
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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 or supplemental 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE Oct 29, 2003 DAYTIME PHONE 305 536 5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)



3785 NW 82 Avenue • Suite 417 • Miami, FL 33166
Tel: 305.477.1988 • Fax: 305.477.1688

LESTER BARRERAS C.P.A., P.A.

October 27, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Aicmee Martinez, D.M.D., P.A.
EIN 65-1043131

Dear Sir or Madam,

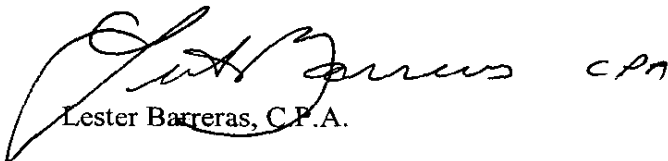
We are the accountants for Dr. Aicmee Martinez, owner and registered agent of the above referenced corporation. As such, we have been requested to write to you on her behalf.

Dr. Martinez never received the 2003 Uniform Business Report for the above referenced corporation. Upon calling the Division of Corporations, we were advised to download the Uniform Business Report form from the Sunbiz website, and submit it with the annual fee. Enclosed is the form along with payment.

Please make the necessary correction to your records in order to reflect an active status for the above referenced corporation. Thank you in advance for your attention to this matter. Should you have any questions, please feel free to contact me at your earliest convenience.

Sincerely,

LESTER BARRERAS, C.P.A., P.A.



Lester Barreras, C.P.A.

LB/cmc
Enclosures