


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90071 049 ***150.00

DOCUMENT # P01000002691

1. Entity Name
LAURENCE J. MARTIN, M.D., P.A.



Principal Place of Business
14100 FVAY RD, STE 320 HUDSON, FL 34667

Mailing Address
14100 FVAY RD, STE 320 HUDSON, FL 34667

2. Principal Place of Business
7515 STATE RD 52

Suite, Apt. #, etc.
SUITE 102

City & State
HUDSON FL

3. Mailing Address
7515 STATE RD 52

Suite, Apt. #, etc.
SUITE 102

City & State
HUDSON FL

Zip
34667

Country
U.S.A.



01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MARTIN, LAURENCE J. M.D.
14100 FVAY RD, STE 320 HUDSON, FL 34667

4. FEI Number
59-3689637

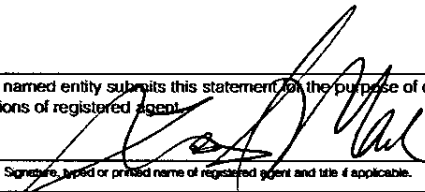
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
7515 STATE RD 52
SUITE 102
 City **HUDSON** FL Zip Code **34667**

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:  (NOTE: Registered Agent signature required when reinstating)


DATE: **1-29-04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LAURENCE J MD PA 14100 FVAY RD, STE 320 HUDSON, FL 34667	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:  **LAURENCE J. MARTIN**
PRESIDENT 1-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #