


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000002691

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



Principal Place of Business Mailing Address

7515 STATE RD 52 7515 STATE RD 52
SUITE 102 SUITE 102
HUDSON, FL 34667 HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3689637 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, LAURENCE J M.D.
7515 STATE RD 52
SUITE 102
HUDSON, FL 34667

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, LAURENCE J MD PA
STREET ADDRESS	7515 STATE RD 52 STE 102
CITY - ST - ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE:  Date: 2-8-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR