2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000041181

1. Entity Name
AGUSTIN MARTINEZ M.D., P.A.

Principal Place of Business	Mailing Address
1324 SW 143RD AVE MIAMI, FL 33184	4011 WEST FLAGLER STREET SUITE 403 MIAMI, FL 33134

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04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1095564
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, GUILLERMO
4011 W FLAGLER ST SUITE 403
MIAMI, FL 33134

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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 not e-mailing)

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	DP
NAME	MARTINEZ, AGUSTIN MD
STREET ADDRESS	1324 SW 143RD AVE
CITY ST ZIP	MIAMI, FL 33184
TITLE	DS
NAME	MARTINEZ, IRAIDA
STREET ADDRESS	1324 SW 143RD AVE
CITY ST ZIP	MIAMI, FL 33184
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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04/25/05-80118-011 150.00

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

SIGNATURE: _____ 4/20/05 (305) 649-7128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #