

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041181

FILED
Jun 27, 2009
Secretary of State

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

Current Principal Place of Business:

250 EAST 49TH STREET
HIALEAH, FL 33013 US

New Principal Place of Business:

Current Mailing Address:

4011 WEST FLAGLER STREET SUITE 403
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 65-1095564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, AGUSTIN MD
250 EAST 49TH STREET
HIALEAH, FL 33013 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: DP () Delete
Name: MARTINEZ, AGUSTIN MD
Address: 1324 SW 143RD AVE
City-St-Zip: MIAMI, FL 33184

Title: DS () Delete
Name: MARTINEZ, IRAIDA
Address: 1324 SW 143RD AVE
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AGUSTIN MARTINEZ

DP

06/27/2009

Electronic Signature of Signing Officer or Director

Date