

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000041181

**FILED**  
**Feb 17, 2011**  
**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:**

1324 SW 143RD AVENUE  
MIAMI, FL 33184

**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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MARTINEZ, AGUSTIN MD  
Address: 1324 SW 143RD AVE  
City-St-Zip: MIAMI, FL 33184

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

I hereby 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 all other like empowered.

SIGNATURE: AGUSTIN MARTIENZ

DM

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date