


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000092967</b>		
1. Entity Name <b>KEN MARTIN, D.O., P.A.</b>		
Principal Place of Business <b>1202 TECH BLVD., SUITE 101 TAMPA, FL 33619</b>		Mailing Address <b>1202 TECH BLVD., SUITE 101 TAMPA, FL 33619</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HOLLAND, WILLIAM M JR 4815 E. BUSCH BLVD. SUITE 101 TAMPA, FL 33617-6050</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	DPST MARTIN, KENNETH 1202 TECH BLVD., SUITE 101 TAMPA, FL 33619	
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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)(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: <u>Kenneth Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04/19/2004</u> <u>813-620-9148</u> <small>Date Daytime Phone #</small>



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE** ☒ Applied For  
☐ Not Applicable

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

U000000130815  
04/26/04-80133-009 150.00

**DO NOT WRITE  
IN THIS SPACE**