

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90276 009 ***150.00

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1. Entity Name

MARTHA SARASUA, M.D., P.A.



Principal Place of Business

3326 LAUREL DR.
GULF BREEZE FL 32561

Mailing Address

3326 LAUREL DR.
GULF BREEZE FL 32561



2. Principal Place of Business

6706 N 9th Avenue

Suite, Apt. #, etc.

Suite A4

3. Mailing Address

6706 N 9th Avenue

Suite, Apt. #, etc.

Suite A4

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32504

Country

Escambia USA

Zip

32504

Country

Escambia USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3759242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARASUA, MARTHA
3326 LAUREL DR.
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Sarasua Martha

Street Address (P.O. Box Number is Not Acceptable)

1140 E Burgess Road

City

Pensacola

FL

Zip Code

32504

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SARASUA, MARTHA
STREET ADDRESS 3326 LAUREL DR.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

Daytime Phone #