

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90065 048 ***150.00

DOCUMENT # P01000109840

1. Entity Name
MARTHA SARASUA, M.D., P.A.



Principal Place of Business

6706 N 9TH AVE
SUITE A4
PENSACOLA, FL 32504

Mailing Address

6706 N 9TH AVE
SUITE A4
PENSACOLA, FL 32504

2. Principal Place of Business - No P.O. Box #

6706 N 9TH AVE

Suite, Apt. #, etc.

SUITE B5

City & State

Pensacola FL

Zip

32504

Country

Escambia

3. Mailing Address

6706 N 9TH AVE

Suite, Apt. #, etc.

SUITE B5

City & State

Pensacola FL

Zip

32504

Country

Escambia



03192008

Chg-P

CR2E034 (12/06)

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
1140 E BURGESS RD
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 **SARASUA, MARTHA**
STREET ADDRESS **1140 E BURGESS RD**
CITY-ST-ZIP **Pensacola FL 32504**

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

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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 Chapter 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:

Martha Sarasua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

Date

850 4782339

Daytime Phone #