

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109840

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** MARTHA SARASUA, M.D., P.A.

**Current Principal Place of Business:**

6706 N 9TH AVE  
STE. B5  
PENSACOLA, FL 32504

**New Principal Place of Business:**

6706 N 9TH AVE  
STE. C3  
PENSACOLA, FL 32504

**Current Mailing Address:**

6706 N 9TH AVE  
STE. B5  
PENSACOLA, FL 32504

**New Mailing Address:**

6706 N 9TH AVE  
STE. C3  
PENSACOLA, FL 32504

**FEI Number:** 59-3759242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SARASUA, MARTHA  
1140 E BURGESS RD  
PENSACOLA, FL 32504 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAVASUA, MARTHA  
Address: 1140 E BURGESS RD  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: SARASUA, MARTHA  
Address: 1140 E BURGESS RD  
City-St-Zip: PENSACOLA, FL 32504

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:** MARTHA SARASUA

DR

04/17/2009

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

\_\_\_\_\_  
Date