

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121780

FILED  
May 13, 2004  
Secretary of State

**Entity Name:** EMANUEL MARTINEZ, M.D. AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

1555 KINGSLEY AVENUE  
SUITE 101  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 457  
ORANGE PARK, FL 32067

**New Mailing Address:**

**FEI Number:** 01-0566823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, EMANUEL  
PO BOX 457  
ORANGE PARK, FL 32067

**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: MARTINEZ, EMANUEL  
Address: 1555 KINGSLEY AVENUE, SUITE 101  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: MARTINEZ, YELITZA  
Address: 1555 KINGSLEY AVENUE, SUITE 101  
City-St-Zip: ORANGE PARK, FL 32073

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMANUEL MARTINEZ

MD

05/13/2004

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

\_\_\_\_\_  
Date