2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121780

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

FILED Mar 14, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---------------------------------|------------------------------------|---|--|
| 1555 KINGSLEY AVENUE SUITE 101 | | | | |
| ORANGE PARK, FL 32073 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 315 WEST TOWN PLACI SUITE 3 ST. AUGUSTINE, FL 320 | _ | | | |
| FEI Number: 01-0566823 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| MARTINEZ, EMANUEL 1555 KINGSLEY AVE SUITE 101 ORANGE PARK, FL 320 | 73 US | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electron | ic Signature of Registered Age | ent | Date | |
| | | | | |
| | | | | |

OFFICERS AND DIRECTORS:

Title: DR

Name: MARTINEZ, EMANUEL

Address: 1555 KINGSLEY AVENUE, SUITE 101

City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: EMANUEL MARTINEZ DR 03/14/2012