2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039272

Entity Name: ALVARO I. MARTINEZ JR., M.D., P.A.

FILED Jan 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

7150 W 20 AVE STE 609 7150 W 20 AVE HIALEAH, FL 33016 STE 609

HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

7150 W 20 AVE STE 609 7150 W 20 AVE HIALEAH, FL 33016 STE 609

HIALEAH, FL 33016

FEI Number: 20-0805963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SALVER, PAUL 2721 EXECUTIVE PARK DR WESTON, FL 33331 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MARTINEZ, ALVARO JR MD

7150 W 20 AVE STE 609

HIALEAH, FL 33016

(X) Change () Addition

 Title:
 D () Delete
 Title:

 Name:
 MARTINEZ, ALVARO JR MD
 Name:

 Address:
 7150 W 20 AVE STE 609
 Address:

 City-St-Zip:
 HIALEAH, FL 33016
 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

SIGNATURE: ALVARO I. MARTINEZ, JR., M.D. DR 01/25/2005

above, or on an attachment with an address, with all other like empowered.