

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000129303

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** REBECA C. MARTINEZ, M.D., P.A.

**Current Principal Place of Business:**

354 S.W. 20TH ROAD  
MIAMI, FL 33129 US

**New Principal Place of Business:**

4302 ALTON ROAD  
SUITE 930  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

354 S.W. 20TH ROAD  
MIAMI, FL 33129 US

**New Mailing Address:**

**FEI Number:** 20-1600506      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MARTINEZ, REBECA C MD  
354 S.W. 20TH ROAD  
MIAMI, FL 33129 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:** REBECA C MARTINEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** MARTINEZ, REBECA C  
**Address:** 354 S.W. 20TH ROAD  
**City-St-Zip:** MIAMI, FL 33129 US

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:** REBECA C MARTINEZ

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

DR

04/28/2011

\_\_\_\_\_  
Date