

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000006701

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** ARISTIDES A. MARTINEZ, M.D., P.A.

**Current Principal Place of Business:**

5258 LINTON BLVD.  
301  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5258 LINTON BLVD.  
301  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 20-4129382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

MARTINEZ, ARISTIDES A MD  
5258 LINTON BLVD  
301  
DELRAY BEACH, FL 33484 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:** ARISTIDES A. MARTINEZ MD

01/07/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** MARTINEZ, ARISTIDES A MD  
**Address:** PO BOX 8623  
**City-St-Zip:** DELRAY BEACH, FL 33482

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:** ARISTIDES A. MARTINEZ MD

CEO

01/07/2010

Electronic Signature of Signing Officer or Director

Date