

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000016021

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** MARTIN MEDICAL SERVICES AND SOLUTIONS, INC.

**Current Principal Place of Business:**

5881 NW 151 ST  
SUITE 212  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

15311 NW 60 AVE  
SUITE 100  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5881 NW 151 ST  
SUITE 212  
MIAMI LAKES, FL 33014

**New Mailing Address:**

15311 NW 60 AVE  
SUITE 100  
MIAMI LAKES, FL 33014

**FEI Number:** 20-8393278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IBARGOLLIN, MARLEN  
5881 NW 151 ST  
SUITE 212  
MIAMI LAKES, FL 33014 US

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

IBARGOLLIN, MARLEN  
15311 NW 60 AVE  
SUITE 100  
MIAMI LAKES, FL 33014 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: MARLEN IBARGOLLIN

03/31/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: IBARGOLLIN, MARLEN  
Address: 15311 NW 60 AVE SUITE#100  
City-St-Zip: MIAMI LAKES, FL 33014

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: MARLEN IBARGOLLIN

OWNE

03/31/2010

Electronic Signature of Signing Officer or Director

Date