

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000031542

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** ANGEL R. MARTINEZ, PH.D., P.A.

**Current Principal Place of Business:**

RMS 8002 US 301 S  
RM #3  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

1530 SWAMP ROSE LANE  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 02-0476467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, CECILIA M.  
1530 SWAMP ROSE LANE  
TRINITY, FL 34655 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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MARTINEZ, ANGEL R. PHD  
Address: 1530 SWAMP ROSE LANE  
City-St-Zip: TRINITY, FL 34655

Title: TRES  
Name: MARTINEZ, CECILIA M. M  
Address: 1530 SWAMP ROSE LANE  
City-St-Zip: TRINTIY, FL 34655

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: CECILIA MARTINEZ

TREA

03/17/2011

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

\_\_\_\_\_  
Date