

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013301 (4)**

1. Corporation Name  
**OSWALDO MARTINEZ, DDS, P.A.**

Principal Place of Business  
**2645 DOUGLAS ROAD, SUITE 405  
MIAMI FL 33133**

Mailing Address  
**2645 DOUGLAS ROAD, SUITE 405  
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/17/1994** 3a. Date of Last Report

4. FEI Number **65-0468078** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

9. This corporation has liability for intangible tax under § 199(1)(F) Florida Statutes  Yes  No

2. Principal Place of Business  
21 **2645 SW 37 AVE**

2a. Mailing Address  
26 **P.O. BOX 145280**

Suite, Apt. #, etc.  
22 **SUITE 404**

Suite, Apt. #, etc.  
27  
City & State **MIAMI, FL**

24 **33133** 25 **DADE** 29 **33114** 30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRAHL, JOHN T ESQ.  
999 PONCE DE LEON BLVD., #1150  
CORAL GABLES FL 33134**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  
NAME **MARTINEZ, OSWALDO**  
STREET ADDRESS **5505 N.W. 7TH ST., #W115**  
CITY-ST-ZIP **MIAMI FL 33126**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  Change  Addition

TITLE **VD**  
NAME **MARTINEZ, HUGO**  
STREET ADDRESS **5505 N.W. 7TH ST., #W115**  
CITY-ST-ZIP **MIAMI FL 33126**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hugo Martinez* - **HUGO MARTINEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

**04-21-95 305-441-2773**  
DATE (Typed or Printed)