

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90139 048 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

**DOCUMENT # P94000013301**

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

Principal Place of Business  
**5505 NW 7 ST  
APT W 115  
MIAMI FL 33126  
US**

Mailing Address  
**P O BOX 145280  
CORAL GABLES FL 33114  
US**

2. Principal Place of Business  
**7500 SW 8 ST**

3. Mailing Address  
Suite, Apt. #, etc.  
**STE 303**

City & State  
**MIAMI FL**

City & State

Zip  
**33144**

Country  
**MIAMI-DADE**

Zip

Country

4. FEI Number **65-0468078**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DR. OSWALDO MARTINEZ  
5505 NW 7 ST  
APT W 115  
MIAMI FL 33126**

7. Name and Address of New Registered Agent  
Name **OSWALDO MARTINEZ, DDS**  
Street Address (P.O. Box Number is Not Acceptable)  
**7500 SW 8 ST, STE 303**  
City **MIAMI** FL Zip Code **33144**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **OSWALDO MARTINEZ - PRESIDENT** DATE **03-01-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARTINEZ, OSWALDO 5505 NW 7 ST APT W 115 MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **OSWALDO MARTINEZ** DATE **03-01-03** DAYTIME PHONE # **305-2610375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)