

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90072 010 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000001666**

1. Corporation Name  
**ELENA R. MARTINEZ, M.D., F.A.C.S., P.A.**

Principal Place of Business <b>3661 SOUTH MIAMI AVENUE STE. 801 MIAMI FL 33133</b>	Mailing Address <b>3661 SOUTH MIAMI AVENUE STE. 801 MIAMI FL 33133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Home 65 SHORE DR. W</b>	2a. Mailing Address 26 <b>P.O. BOX 330607</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Miami, FL</b>	28 City & State <b>MIAMI, FL</b>
24 Zip <b>33133</b>	25 Country <b>U.S.A.</b>
29 Zip <b>33233-0607</b>	30 Country <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>01/01/1995</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0545097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MARTINEZ, ELENA R M.D.  
3661 SOUTH MIAMI AVENUE STE. 801  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>65 SHORE DR. W.</b>
83	
84 City	<b>MIAMI, FL</b>
85 Zip Code	<b>33133</b>

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 Elena R. Martinez MD (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, ELENA R MD</b>	
STREET ADDRESS	<b>3661 SOUTH MIAMI AVENUE STE. 801</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARTINEZ, ELENA R. MD</b>	
1.3 STREET ADDRESS	<b>65 SHORE DR. W</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Elena R. Martinez MD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: March 23 99 DATE

DAYTIME PHONE #: 305-854-0370 DAYTIME PHONE #

CR2E034 (11/98)