

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

FILED

Apr 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000008089

1. Corporation Name

Nestor De Jesus Martinez, M.D., P.A.

Principal Place of Business

Mailing Address

| | |
|---|---|
| 21 410 N.W. 199th Avenue Suite, Apt. #, etc. | 26 410 N.W. 199th Avenue Suite, Apt. #, etc. |
| 22 City & State 23 Pembroke Pines, Florida Zip 24 33029 Country 25 U.S.A. | 27 City & State 28 Pembroke Pines, Florida Zip 29 33029 Country 30 U.S.A. |

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/31/95 | 3a. Date of Last Report |
| 4. FEI Number 65-0557319 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

| |
|---|
| 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 410 N.W. 199th Avenue 63 64 City Pembroke Pines FL 65 Zip Code 33029 |
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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 of agent or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/4/97
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Nestor De Jesus Martinez 1.3 STREET ADDRESS 410 N.W. 199th Avenue 1.4 CITY-STATE-ZIP Pembroke Pines, Florida 33029 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Julia Martinez 2.3 STREET ADDRESS 410 N.W. 199th Avenue 2.4 CITY-STATE-ZIP Pembroke Pines, Florida 33029 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97
Date

(954) 583-2426
Daytime Phone

CR2E034 (9/96)