2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# P95000010125

Entity Name: JOSE M. MARTINEZ, M.D., P.A.

Current Principal Place of Business:

P O BOX 566480
MIAMI, FL 33256

New Principal Place of Business:

8800 SW 60 AVENUE
MIAMI, FL 33156

Current Mailing Address:

P O BOX 566480
MIAMI, FL 33256

New Mailing Address:

FEI Number: 65-0556331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLARES, MARIA R
4649 PONCE DE LEON BLVD #304
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARTINEZ, JOSE M MD
Address: P O BOX 566480
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE M. MARTINEZ MD 01/16/2007

Electronic Signature of Signing Officer or Director Date