

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90415 027 ***150.00

DOCUMENT # P95000077982																													
1. Entity Name CARLOS M. MARTINEZ DENTIST, INC.																													
Principal Place of Business 628 N. BEAR LAKE APOPKA, FL 32703 US			Mailing Address C/O LOPEZ ACCTY 4047 OKEECHOBEE BLVD STE 125 WEST PALM BEACH, FL 33409 US <i>C/O Lopez Accounting</i>																										
2. Principal Place of Business		3. Mailing Address <i>1800 W. 49 St</i>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>201</i>		04302004 Chg-P CR2E034 (10/03)																									
City & State		City & State <i>Hialeah, FL</i>		4. FEI Number 65-0613271																									
Zip		Zip <i>33012</i>		Country <i>USA</i>																									
6. Name and Address of Current Registered Agent MARTINEZ, CARLOS M 10550 NW 77 COURT #207 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PTD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTINEZ, CARLOS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>628 N. BEAR LAKE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>APOPKA, FL 33703</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	MARTINEZ, CARLOS M		STREET ADDRESS	628 N. BEAR LAKE		CITY- ST- ZIP	APOPKA, FL 33703		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <i>Carlos M. Martinez</i> 4/1/04 407-862-1231 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

Carlos M. Martinez