


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 06, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P97000027014 1. Entity Name SANTIAGO MARTINEZ, M.D., P.A. |  |
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|---|---|
| Principal Place of Business 4063 N. GOLDENROD ROAD SUITE 1 WINTER PARK, FL 32792 | Mailing Address 4063 N. GOLDENROD ROAD SUITE 1 WINTER PARK, FL 32792 |
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3443271 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARTINEZ, SANTIAGO 4063 N. GOLDENROD ROAD SUITE 1 WINTER PARK, FL 32792 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MARTINEZ, SANTIAGO 4063 N. GOLDENROD ROAD, SUITE 1 WINTER PARK, FL 32792 |
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03/08/04-80057-002 150.00

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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: _____ Date 3/3/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR