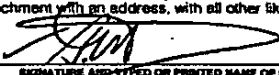


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90011 047 ***150.00

DOCUMENT # P97000027014						
1. Entity Name SANTIAGO MARTINEZ, M.D., P.A.						
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				
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent MARTINEZ, SANTIAGO 4063 N. GOLDENROD ROAD SUITE 1 WINTER PARK, FL 32792		50030004  01052005 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 59-3443271</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3443271	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 59-3443271	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
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 reappointing) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MARTINEZ, SANTIAGO 4063 N. GOLDENROD ROAD, SUITE 1 WINTER PARK, FL 32792					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
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TITLE NAME STREET ADDRESS CITY - ST - ZIP						
DO NOT WRITE IN THIS SPACE						
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 3/31/05 Daytime Phone # _____				