2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000030553 **DOCUMENT #** 1. Entity Name

CARLOS MARTINEZ, M.D., P.A.



Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90098 042 ***150.00 **FILED**

Some and Address of Current Registered Agent Some and Address of New Registered Agent Some and Address of						WE THE						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Country Zip Country S. Conflicate of Status Denirod Set. 75 Additional Applied for Fee Regulated E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTINEZ, CARLOS MD Street Address of Current Registered Agent Name HARTINEZ, CARLOS MD Street Address of Current Registered Agent Name HOLLYWOOD FL 33020 Street Address of Current Registered Agent Name E. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorica. I semfamiliar with, and accept the obligations of registered agent. FILE NOW!! FEL STSSOOD Name of registered agent of registered agent of registered agent. Name FILE NOW!! FEL STSSOOD Name of registered agent. Name After May 1, 2003 Fee will be \$550.00 May 8 of Registered Agent updates received when notating Name FILE NOW!! FEL STSSOOD Name of registered agent of the purpose of changing its registered agent of the obligations of registered agent of registered ag	423 N FEDERAL HWY			423 N FEDERAL HWY					1244			
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Security Zip Country Zip Country Security	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			_	☐ CHECK HERE	E IF MAKING	CHANGES		
S. Certificate of Status Desired Foe Propulsion Foe P	City & State			City & State			4. FEI Number 65-0739026 Applied For Not Applicable					
HARTINEZ, CARLOS MD 423 N FEDERAL HWY HOLLYWOOD FL 33020 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, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register	Zip Country			Zip Country		try						
HARTINEZ, CARLOS MD 423 N FEDERAL HWY HOLLYWOOD FL 33020 City FL Zip Code City FL		6. Name	and Address of Current	Registered Agent			7. Nan	ne and Address of New	Registered A	gent		
423 N FEDERAL HWY HOLLYWOOD FL 33020 City FL City FL Zip Code City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL City FL Zip Code City FL Zip Code City FL Zip Code City FL City FL City FL City FL Zip Code City FL			~			Name						
City FL Zip Code						Street Address (P.O. Box Number is Not Acceptable)						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SignAture SignAture Signature syndrous printed name of registered agent and idle if amplication. (NOTE Registered Agent signature sequined when reinvaling) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Marke Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MARK MARTINEZ, CARLOS SIRRET ADDRESS GITY-ST-2P TITLE MARTINEZ, TERESA SIRRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delet	HOLLYWOOD FL 33020					City				T Zin Cod		
SIGNATURE Signature, Types or printed name of registered agent and late if applicable. (INOTE Registered Agent signature required when reinizating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PD OFFICERS AND DIRECTORS TITLE NAME MARTINEZ, CARLOS SIREET ADDRESS CITY-51-2P HOLLYWOOD FL 33021 TITLE MARTINEZ, TERESA SIREET ADDRESS CITY-51-2P HOLLYWOOD FL 33021 TITLE MARTINEZ, TERESA SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-51-2P HOLLYWOOD FL 33021 TITLE MARTINEZ, TERESA SIREET ADDRESS SIREET ADDRESS CITY-51-2P TITLE MARTINEZ, TERESA SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-51-2P TITLE MARTINEZ SIREET ADDRESS CITY-51-2P TITLE MARK MAKE SIREET ADDRESS CITY-51-2P TITLE MAKE MAKE SIREET ADDRESS CITY-51-2P SIREET ADDRESS CITY-51-2P TITLE MAKE SIREET ADDRESS CITY-51-2P SIREET ADDRESS SIREET AD	San San				ļ	City			F L.	Zip Cou	·	
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12 I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 110 07/(2)(i). Society State to 1 for the contile, that the information	NAME STREET ADDRESS CITY-ST-ZIP			,	NAME STREE CITY-	ST-ZIP			****	☐ Change	Addition	

Increoy 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: