


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000083946 1. Entity Name IDELFIA MARTE, M.D., P.A.	
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Principal Place of Business 3516 WOODRIDGE PL. PALM HARBOR, FL 34684	Mailing Address 3516 WOODRIDGE PL. PALM HARBOR, FL 34684
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02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3473054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALES, LARRY J ESQ 2739 U.S. HWY 19 SUITE 223 HOLIDAY, FL 34691	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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	U00000076068 03/04/04-80011-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MARTE, IDELFIA 3516 WOODRIDGE PL. PALM HARBOR, FL 34684
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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:  **Idelfia Marte** **3/1/04** **727-784-6779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #