

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-02-2005 90088 042 ***150.00

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # P97000101413 | |  | |
| 1. Entity Name MARTINEZ HEALTH, INC. | | | |
| Principal Place of Business 930 NORTH KROME AVENUE HOMESTEAD FL 33030-4409 | | Mailing Address 930 NORTH KROME AVENUE HOMESTEAD FL 33030-4409 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent SHAPPE, ALLEN P 17400 NORTH EAST 12TH COURT NORTH MIAMI BEACH FL 33162 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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: <i>Christopher Martinez</i> President | | DATE: 2/25/05 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | |
| <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p> | | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARTINEZ, CHRISTOPHER | | NAME | |
| STREET ADDRESS 930 N KROME AVE | | STREET ADDRESS | |
| CITY-ST-ZIP HOMESTEAD FL 33030 | | CITY-ST-ZIP | |
| TITLE P | <input type="checkbox"/> Delete | TITLE Vice Pres | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARTINEZ, KATHLEEN | | NAME | |
| STREET ADDRESS 19051 SW 272 ST | | STREET ADDRESS | |
| CITY-ST-ZIP HOMESTEAD FL 33030 | | CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARTINEZ, RALPH | | NAME | |
| STREET ADDRESS 19051 SW 272 ST | | STREET ADDRESS | |
| CITY-ST-ZIP HOMESTEAD FL 33030 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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>Christopher Martinez</i> | | DATE: 3/22 | Daytime Phone #: 786-280-6688 |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR | | DATE | DAYTIME PHONE # |