

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000032639

1. Entity Name

ALFRED MARTINEZ, D.M.D., P.A.



Principal Place of Business

4800 NE 20TH TERR, STE 215
FORT LAUDERDALE, FL 33308

Mailing Address

4800 NE 20TH TERR, STE 215
FORT LAUDERDALE, FL 33308

(P98000032639P)

07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0829540	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARTINEZ, ALFRED
4800 NE 20TH TERR, STE 215
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

☒ 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVSD
NAME	MARTINEZ, ALFRED
STREET ADDRESS	4800 NE 20TH TERR, STE 215
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

1000000371676
07/08/05-80016-003 158.75

**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: ALFRED MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5, 2005 (954) 771-7636

Date Daytime Phone #