

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90215 023 ***150.00

DOCUMENT # P98000070536

1. Entity Name

DR. ANGELA M. MARTINEZ, P.A.



Principal Place of Business

420 SOUTH DIXIE HIGHWAY SUITE 4C
CORAL GABLES FL 33146

Mailing Address

420 SOUTH DIXIE HIGHWAY SUITE 4C
CORAL GABLES FL 33146



2. Principal Place of Business

19430 SW 88 CT.
CUTLER BAY, FLA. 33157
Suite, Apt. #, etc.

3. Mailing Address

19430 SW 88 CT.
CUTLER BAY, FLA. 33157
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

CUTLER BAY FLORIDA

City & State

CUTLER BAY, FLORIDA

4. FEI Number

65-0883389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ANGELA M
420 SOUTH DIXIE HIGHWAY SUITE 4C
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

MARTINEZ, ANGELA M.

Street Address (P.O. Box Number is Not Acceptable)

19430 SW 88 CT.

City

CUTLER BAY

FL

Zip Code

33157

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

Angela M. Martinez

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

(NOTE: Registered Agent signature required when (re)appointing)

4/18/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MARTINEZ, ANGELA M
STREET ADDRESS 420 SOUTH DIXIE HIGHWAY SUITE 4C
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR. ANGELA M. MARTINEZ ☒ Change ☐ Addition
NAME
STREET ADDRESS 19430 SW 88 CT.
CITY-ST-ZIP CUTLER BAY, FLORIDA 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 (305) 951-9272

Date

Daytime Phone #