

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030598

FILED
Jun 30, 2005
Secretary of State

Entity Name: JULIA D. OLIVEIRA-MARTINEZ, M.D., P.A.

Current Principal Place of Business:

410 NW 199TH AVE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

700 NORTH HIATUS RD
209
PEMBROKE PINES, FL 33029

Current Mailing Address:

410 NW 199TH AVE
PEMBROKE PINES, FL 33029

New Mailing Address:

700 NORTH HIATUS ROAD
209
PEMBROKE PINES, FL 33029

FEI Number: 65-0909922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVEIRA-MARTINEZ, JULIA
700 N HIATUS RD
STE 209
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: OLIVEIRA-MARTINEZ, JULIA D
Address: 410 NW 199TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V () Delete
Name: MARTINEZ, NESTOR J
Address: 910 NW 199TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA D OLIVEIRA-MARTINEZ

DPST

06/30/2005

Electronic Signature of Signing Officer or Director

Date