

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90162 048 ***150.00

DOCUMENT # P99000048749

1. Entity Name
MANUEL A. MARTINEZ-RIO, M.D., P.A.

Principal Place of Business
2400 N. UNIVERSITY DR., STE. 200
PEMBROKE PINES FL 33024

Mailing Address
2965 NW 99TH AVENUE See below
MIAMI FL 33172

Attn: Gordon & Company P.A.
Certified Public Accountants



2. Principal Place of Business

3. Mailing Address
7975 NW 154 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite # 340

City & State

City & State
Miami Lakes, FL

4. FEI Number **65-0925455**

Applied For
 Not Applicable

Zip

Country

Zip
33016

Country

FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ-RIO, MANUEL A.M.D.
2400 N. UNIVERSITY DR., STE. 200
PEMBROKE PINES FL 33024

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 *Manuel A. Martinez*

DATE **7/31/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ-RIO, MANUEL A.M.D.	
STREET ADDRESS	2400 N. UNIVERSITY DR., STE. 200	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel A. Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/31/02** 305-935-5960
 Daytime Phone #

CR2E034 (4/02)