

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048749

FILED  
Jan 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

20950 NE 27TH CT.  
203  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

14400 NW 77TH CT # 103  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 65-0925455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, MANUEL A MD  
20950 NE 27TH COURT  
#203  
AVENTURA, FL 33180 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MARTINEZ, MANUEL A MD  
Address: 20950 NE 27TH CT. #203  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: MANUEL A MARTINEZ

DR

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date