

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90008 040 ***150.00

DOCUMENT # P99000097942

1. Entity Name
MARTIN ORTHODONTICS OF GAINESVILLE, P.A.



Principal Place of Business
**2841 N.W. 41ST STREET
GAINESVILLE, FL 32606**

Mailing Address
**2841 N.W. 41ST STREET
GAINESVILLE, FL 32606**

54063311



2. Principal Place of Business

3. Mailing Address

500 NW 43 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 3

07142004

Chg-P

CR2E034 (10/03)

City & State

City & State

GAINESVILLE FL

4. FEI Number

59-3595566

Applied For

Not Applicable

Zip

Country

Zip

32607

Country

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

**MARTIN, WILLIAM B D.M.D.
2841 N.W. 41ST STREET
GAINESVILLE, FL 32606**

Name

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

2841-A NW 41 STREET

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

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 8, 2004**

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 **D** ☐ Delete
NAME **MARTIN, WILLIAM B D.M.D.**
STREET ADDRESS **2841 N.W. 41ST STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2841-A NW 41 STREET**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 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:

William B Martin

7/14/04

Date

Daytime Phone #

54063311

PHYSICIAN ADVISORY GROUP^{INC}

July 14, 2004

Attachment

Division Of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This letter is being written requesting corporation annual late fee relief for the following entity:

Entity: Martin Orthodontics of Gainesville, PA
Doc#: P99000097942
FEIN: 59-3595566

INCORRECT 2841 NW 41st Street
Address: Gainesville, FL 32606

CORRECT 500 NW 43rd Street, Ste 3
Address: Gainesville, FL 32607

Officer: William B. Martin, President

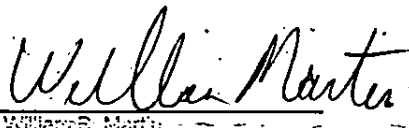
As the new business manager for Martin Orthodontics of Gainesville, PA., it came to our attention, through researching the division of corporations for the state of Florida, that the above entity had not paid the 2004 annual uniform business report fee, timely. Upon further investigation, it was discovered that the annual UBR forms were being mailed to the above entity's incorrect address. It appears that the suite number was left off and, therefore, was never received by Martin Children's Enterprises. We are now in receipt of the second notice indicating the return is late and the additional late fee assessed. In an effort to bring this account current, please accept and process the enclosed check for \$150.00 and 2004 UBR with the indicated changes with the understanding that this account will remain current in the future.

Thank you in advance for your consideration. We apologize for any inconvenience and confusion. Please make the appropriate address changes in your system for future mailings. Our cancelled check will be considered our receipt for reinstatement.

Sincerely,
Physician Advisory Group, Inc.

Martin Orthodontics of Gainesville, PA


Neil Rustin, MBA
Consultant / Business Manager


William B. Martin
President / Director