

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90105 014 ***150.00

DOCUMENT # V62653

1. Entity Name

JOSE C. MARTIN, M.D., P.A.

Principal Place of Business

5975 SUNSET DR
 SUITE 704
 SOUTH MIAMI FL 33143

Mailing Address

5975 SUNSET DR
 SUITE 704
 SOUTH MIAMI FL 33143-5174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0374575

Applied For

Not Applicable

Zip

Country

Zip

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

OSTER, JONATHAN C.
 % JONATHAN C OSTER PA
 2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3270
 MIAMI FL 33131

Name RANDALL ELLZEY

Street Address (P.O. Box Number is Not Acceptable)
 9100 S. DADELAND BLVD SUITE 901

City MIAMI

FL 33158

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.

SIGNATURE

Randall Ellzey (NOTE: Registered Agent signature required when reinstating)

3/8/00
 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D MARTIN, JOSE C 5975 SUNSET DR #704 SOUTH MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

Jonathan M.D. PA. President 1/8/00 305-666-0852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #