

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000062933

Entity Name: MARTINEZ ORAL & FACIAL SURGERY, P.A.

Current Principal Place of Business:

1314 SPRING LAKE DR.
ORLANDO, FL 32804

Current Mailing Address:

2045 LEE ROAD
WINTER PARK, FL 32789 US

FEI Number: 46-0604451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, PABLO
1314 SPRING LAKE DR.
ORLANDO, FL 32804 US

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

Officer/Director Detail :

Title P
Name MARTINEZ, PABLO
Address 1314 SPRING LAKE DR.
City-State-Zip: ORLANDO FL 32804

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: PABLO MARTINEZ

PRESIDENT

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date