

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # 693951

1. Entity Name
JOSEPH WANKA, M.D., P.A.

Principal Place of Business
5601 NORTH DIXIE HIGHWAY
FT. LAUDERDALE FL 33334

Mailing Address
5601 NORTH DIXIE HIGHWAY
FT. LAUDERDALE FL 33334

2. Principal Place of Business
5601 NORTH DIXIE HIGHWAY

3. Mailing Address
22 WINNEBAGO ROAD

Suite, Apt. #, etc.
313

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

4. FEI Number
59-2104319

Applied For
Not Applicable

Zip
33334

Country

Zip
33308

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOETZ, RICHARD A
200 GLADES RD #400

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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.

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

(NOTE: Registered Agent signature required when reinstating)

04/16/2001

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDS
WANKA, JOSEPH
22 WINNEBAGO ROAD
FT LAUDERDALE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: E. Wanka personal rep

OD

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)