

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52373

1. Entity Name

MARTIN H. SHANK, D.P.M., P.A.

Principal Place of Business

C/O MARTIN H. SHANK, D.P.M.  
10035 S.W. 1ST COURT  
CORAL SPRINGS FL 33071

Mailing Address

C/O MARTIN H. SHANK, D.P.M.  
10035 S.W. 1ST COURT  
CORAL SPRINGS FL 33071

2. Principal Place of Business

23061 STATE Rd 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33428

Country

Prin Boh

Country

4. FEI Number

59-2157688

Applied For

Not Applicable

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

SHANK, MARTIN H.  
10035 SW 1ST COURT  
CORAL SPRINGS FL 33071

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

*Martin H. Shank*

1/16/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVD  
SHANK, MARTIN H  
10035 SW 1ST COURT  
CORAL SPRGS, FL 00000 ☐ Delete

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

*Martin H. Shank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTIN SHANK DPM 1/16/01 561-882190

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90075 042 \*\*\*150.00

950709



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)