

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 06, 2004 08:00 AM ATX1
Secretary of State

DOCUMENT # P03000087040
1. Entity Name
MARTIN W. DENKER, M.D. P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2177 LOCKHART ROAD Suite, Apt. #, etc.	3. Mailing Address 2177 LOCKHART ROAD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BROOKSVILLE, FL	City & State BROOKSVILLE, FL.
Zip 34602	Country US

4. FEI Number 13-4263863	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DENKER, MARTIN W.	
Street Address (P.O. Box Number is Not Acceptable) 2177 LOCKHART ROAD	
City BROOKSVILLE	Zip Code 34602

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 _____ U000000104528
04/06/04-80015-017 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DENKER, MARTIN W. 2177 LOCKHART ROAD BROOKSVILLE, FL. 34602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin W. Denker MD President 3/29/2004 352-583-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #