

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000087040**

1. Entity Name

MARTIN W. DENKER, M.D., P.A.



Principal Place of Business

2177 LOCKHART ROAD  
BROOKSVILLE, FL 34602

Mailing Address

2177 LOCKHART ROAD  
BROOKSVILLE, FL 34602



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number

13-4263863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DENKER, MARTIN W M.D.  
2177 LOCKHART ROAD  
BROOKSVILLE, FL 34602

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
DENKER, MARTIN W  
2177 LOCKHART ROAD  
BROOKSVILLE, FL 34602

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000462737  
03/21/06-80047-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Martin W. Denker P.D.A.*

*March 8, 2006 (352) 583-5323*

Date

Daytime Phone #