FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073779 (7)**

1. Corporation Name

FRANK L. TOMAKA, M.D., P.A.

Principal Place of Business	Mailing Address
~~1625 SOUTHEAST THIRD AVENUE~~ ~~SUITE 600~~ ~~FORT LAUDERDALE FL 33316~~	~~1625 SOUTHEAST THIRD AVENUE~~ ~~SUITE 600~~ ~~FORT LAUDERDALE FL 33316~~

3. Date Incorporated or Qualified: 09/22/1995
3a. Date of Last Report: N/A

4. FEI Number: 65-0617584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 800 EAST Cypress Creek Road	26 % GRUBER AND Associates, P.A.
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27 1650 Southeast 17th Street, #301
City & State 23 FORT LAUDERDALE FL	City & State 28 FORT LAUDERDALE FL
Zip / Country 24 33334 / 25 US of A	Zip / Country 29 FL 33316-1735 / 30 US of A

9. Name and Address of Current Registered Agent

TOMAKA, FRANK L.
~~1625 SOUTHEAST THIRD AVENUE~~
~~SUITE 600~~
~~FORT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): c/o GRUBER AND ASSOCIATES, P.A.
83: 1650 Southeast 17th Street, Suite 301
84 City: FORT LAUDERDALE FL 85 Zip Code: 33316-1735

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Frank Tomaka — 04/07/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name only) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PVST~~	☐ DELETE	1.1 TITLE	P/D/S/T	☒ Change ☐ Addition
NAME	TOMAKA, FRANK L.		1.2 NAME	SAME	
STREET ADDRESS	~~1625 SOUTHEAST THIRD AVENUE, SUITE 600~~		1.3 STREET ADDRESS	2008 NORTH DIXIE HIGHWAY #1	
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33316~~		1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33305-2257	
TITLE	~~D~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~TOMAKA, FRANK L~~		2.2 NAME		
STREET ADDRESS	~~1625 SOUTHEAST THIRD AVENUE, SUITE 600~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33316~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Tomaka — 04/03/96 — 954-522-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #