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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071143 OK

1. Corporation Name
FRANK L. TOMAKA, M.D., P.A.

557793 - 90014 - 10

Principal Place of Business
50 NORTHEAST 26th AVENUE
SUITE 302
POMPANO Beach, FL 33062

Mailing Address
c/o GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17th Street, Suite 301
FORT LAUDERDALE, FL 33316-1735

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 50 NORTHEAST 26th AVENUE
Suite, Apt. #, etc.
22 SUITE 302
City & State
23 POMPANO BEACH, FL
Zip 24 33062 Country 25 US

2a. Mailing Address
26 c/o GRUBER AND ASSOCIATES, P.A.
Suite, Apt. #, etc.
27 1650 SOUTHEAST 17th Street, Suite 301
City & State
28 FORT LAUDERDALE, FL
Zip 29 33316-1735 Country 30 US

3. Date Incorporated or Qualified
1998

4. FEI Number
65-0857735
☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANK L. TOMAKA
50 NORTHEAST 26th AVENUE
POMPANO BEACH, FL 33062

10. Name and Address of New Registered Agent

81 Name FRANK L. TOMAKA
82 Street Address (P.O. Box Number Is Not Acceptable) same as before
83
84 City FL 85 Zip Code

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. Such 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 [signature] 5/6/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P/S/T	☐ DELETE	1.1 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	TOMAKA, FRANK C.		1.2 NAME	TOMAKA, FRANK C.	
STREET ADDRESS	50 NORTHEAST 26TH AVENUE		1.3 STREET ADDRESS	50 NORTHEAST 26th AVENUE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Frank L. Tomaka MD Frank L. TOMAKA, MD 3/2/99 954-522-2222 ~~954-783-9455~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #