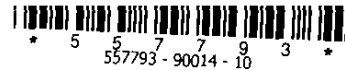


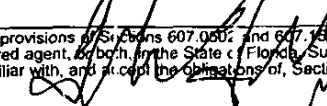
FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90125 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 198 000071143^{OK} 1. Corporation Name FRANK L. TOMAKA, M.D., P.A.	



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 3. Date Incorporated or Qualified 1998	
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	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	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 33062
11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.1508, Florida Statutes.				
SIGNATURE 		DATE 5/6/99		

12. OFFICERS AND DIRECTORS TITLE DIRECTOR ☐ DELETE NAME TOMAKA, FRANK L. STREET ADDRESS 50 NORTHEAST 26TH AVENUE CITY-ST-ZIP POMPANO BEACH, FL 33062		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DIRECTOR ☒ Change ☐ Addition 1.2 NAME TOMAKA, FRANK L. 1.3 STREET ADDRESS 50 NORTHEAST 26TH AVENUE 1.4 CITY-ST-ZIP POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank L. Tomaka, MD
 Date

Date

3/2/99
 Daytime Phone #

CR2E034 (11/98)