

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**  
 03-08-2001 90081 008 \*\*\*150.00

**DOCUMENT # P98000071143**

1. Entity Name  
**FRANK L. TOMAKA, M.D., P.A.**

Principal Place of Business

Mailing Address

~~50 NW 26TH AVE~~  
~~STE 302~~  
**POMPANO BEACH FL 33062**  
**US**

**C/O GRUBER AND ASSOCIATES, P.A.**  
**1650 SOUTHEAST 17TH STREET, SUITE 301**  
**FORT LAUDERDALE FL 33316-1735**  
**US**

2. Principal Place of Business

3. Mailing Address

**50 Northwest 26th Avenue**  
 Suite, Apt. #, etc.  
**Suite 302**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0857735**

Applied For  
 Not Applicable

Zip **33062-5245** Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOMAKA, FRANK L.**  
**C/O GRUBER AND ASSOCIATES, P.A.**  
**1650 SOUTHEAST 17TH STREET, STE 301**  
**FORT LAUDERDALE FL 33316-1735**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DPTS**  
 STREET ADDRESS **TOMAKA, FRANK L.**  
 CITY-ST-ZIP **50 NW 26TH AVE**  
**POMPANO BEACH FL 33062-5245**

TITLE ☒ Change ☐ Addition  
 NAME **50 NORTHWEST 26th AVENUE**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Frank L. Tomaka** 3/4/01 **FRANK L. TOMAKA** 954-522-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)