

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90107 014 ***150.00

DOCUMENT # P98000071143

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



Principal Place of Business
**50 NORTHEAST 26TH AVENUE
SUITE 302
POMPANO BEACH FL 33062-5245
US**

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

2. Principal Place of Business

AVENUE

3. Mailing Address

C/O GRUBER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33308-1404

Country

4. FEI Number

65-0857735

Applied For

Not Applicable

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, SUITE #301
FORT LAUDERDALE FL 33316-1735**

Name

Street Address (P.O. Box Number is Not Acceptable)

6550 North Federal Highway #522

City

FL

Zip Code

33308-1404

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK L. TOMAKA 3/17/03 954-522-2222

Date

Daytime Phone #

CR2E034 (10/02)