

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90116 016 \*\*\*550.00

0023991 AV

**DOCUMENT # P99000101847**

1. Entity Name

**SANDY YANKOW, M.D., P.A.**



Principal Place of Business  
C/O SANFORD L YANKOW, M.D.  
100430 OVERSEAS HWY  
KEY LARGO FL 33037

Mailing Address  
C/O SANFORD L YANKOW, M.D.  
100430 OVERSEAS HWY  
KEY LARGO FL 33037

2. Principal Place of Business

91555 OVERSEAS HWY  
Suite, Apt. #, etc. # 2

3. Mailing Address

91555 OVERSEAS HWY  
Suite, Apt. #, etc. # 2

City & State  
TAVERNIER FL

City & State  
TAVERNIER FL

4. FEI Number 65-0960655

Applied For  
Not Applicable

Zip 33070 Country USA

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

6. Name and Address of Current Registered Agent

YANKOW, SANFORD L MD  
100430 OVERSEAS HWY  
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name SANFORD L YANKOW MD  
Street Address (P.O. Box Number is Not Acceptable) 91555 OVERSEAS HWY # 2  
City TAVERNIER FL Zip Code 33070

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 7/14/03

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YANKOW, SANFORD L	
STREET ADDRESS	100430 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	YANKOW, SANFORD L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	91555 OVERSEAS HWY # 2	
STREET ADDRESS	TAVERNIER, FL 33070	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

7/14/03

305/853-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)