

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-2090

B

1344-NC

DOCUMENT # 626371

(9)

1. Corporation Name

JAMES W. BASTA, M.D., P.A.



Principal Place of Business

1930 NE 47TH ST 308
FT LAUDERDALE FL 33308

Mailing Address

1930 NE 47TH ST 308
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified

06/18/1979

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1916333

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASTA, JAMES W.
1930 NE 47TH ST
SUITE 308
FT LAUDERDALE FL 33308

81. Name

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

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 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 ☐ DELETE

NAME BASTA, JAMES W
STREET ADDRESS 105 LAKE EMERALD DR #602
CITY, ST, ZIP OAKLAND PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

James W. Basta

(Signature and typed or printed name of signing officer or director)

2/16/96

Date

954-493-5005

Daytime Phone #

CR2E034 (12/95)