2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 1930 NE 47TH ST 308

3. Mailing Address

FT LAUDERDALE FL 33308-7729

DOCUMENT # 626371

Principal Place of Business

2. Principal Place of Business

1930 NE 47TH ST 308 FT LAUDERDALE FL 33308

1. Entity Name JAMES W. BASTA, M.D., P.A.

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90062 018 ***550.00



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Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number 59-1916333			⊢	lied For Applicable	
Ī	Country Zip Cou			try				88.75 Additional ee Required		
6. Name	and Address of Curr	ent Registered Agent			7. N	ame and Address of New Regis	stered A	gent		
				Name				·		
BASTA, JAMES W. 1930 NE 47TH ST SUITE 308				Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDERDALE FL 33308							FL	Zip Code		
named entity	cubmits this statemer	nt for the purpose of chapt	nina its reaister	ed office or reais	tered age	ent, or both, in the State of Florida	· -			
s named entity	Submits this statemen	it for the purpose of charg	ang no register	00 0 mee 0 10g.0						
Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when re	nstating)	DATE			
Tax filing requirement and elects to do so. After MAY 1, 2000 I				will be \$550.00		10. Election Campaign Financ Trust Fund Contribution.	ing		May Be to Fees	
sila Oli Dacky				spartment or s			00 4110	DIDECTOR		
	OFFICERS A				AD	DITIONS/CHANGES TO OFFICE	HS AND			
BASTA, JAMES W 105 LAKE EMERALD DR #602				EET ADDRESS				∐ Change	Addition	
OARLAND	FARR FL	☐ Delet	B TITL NAM	E EET ADDRESS				☐ Change	Addition	
	□ Delete		NAM STRI	EET ADDRESS	SS			☐ Change	Addition	
13		☐ Delet	NAM STRI	EET ADDRESS				☐ Change	Addition	
		. Defet	NAM STRI	eet address	· -			☐ Change	Addition	
		☐ Delet	NAM STR	IE				Change	Addition	
	6. Name TA, JAMES O NE 47TH S TE 308 AUDERDALI Signature, typed oration is eligirequirement a ria on back) P BASTA, J. 105 LAKE OAKLAND	Country 6. Name and Address of Curr TA, JAMES W. D NE 47TH ST TE 308 AUDERDALE FL 33308 a named entity submits this statement Signature, typed or printed name of registered a oration is eligible to satisfy its Intangrequirement and elects to do so. Interpretation of the statement of the stat	Country Cou	Country Zip Country Zip Country 6. Name and Address of Current Registered Agent TA, JAMES W. D NE 47TH ST TE 308 AUDERDALE FL 33308 In animal entity submits this statement for the purpose of changing its registered agent and tall if epplicable. Signature, typed or printed name of registered agent and tall if epplicable. (NOTE: Registered agent and tall if epplicable. Oration is eligible to satisfy its Intangible requirement and elects to do so. The state of the purpose of changing its registered agent and tall if epplicable. (NOTE: Registered Agent After MAY 1, 2000 Fee Make Check Payable to Do Delete TILL AMM STRI CITY Delete TILL AMM STRI Delete TILL Delete TILL AMM STRI TO Delete TILL AMM STRI TO Delete TILL Delete TILL AMM STRI TO Delete TILL AMM STRI TILL Delete TILL AMM STRI TO Delete TILL AMM STRI TILL Delete TILL AMM STRI TILL TO Delete TILL AMM STRI TILL TO Delete TILL AMM STRI TILL TO Delete TILL TILL TO Delete TILL TILL	Country Country Zip Country Ame Country Co	Country Zip Country Zip Country 5. C 6. Name and Address of Current Registered Agent Name TA, JAMES W. D NE 47TH ST TE 308 AUDERDALE FL 33308 City In animal entity submits this statement for the purpose of changing its registered office or registered agent and take if applicable, (NOTE: Registered Agent argumature required when recording is eligible to satisfy its Intangible requirement and elects to do so. OFFICERS AND DIRECTORS TILE NAME STREET ADDRESS CITY-S1-ZIP Delete TITLE NAME	Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) City 8. Street Address (P.O. Box Number is Not Acceptable) 8. Desired Address (P.O. Box Number is Not Acceptable) 8. Desired Address (P.O. Box Number is Not Acceptable) 8. Desired Address (P.O. Box Number is Not Acceptable) City 8. Street Address (P.O. Box Number is Not Acceptable) City City 8. Street Address (P.O. Box Number is Not Acceptable) City City 8. Street Address (P.O. Box Number is Not Acceptable) City City 8. Street Address (P.O. Box Number is Not Acceptable) City City City 1. City City 1. City City 1. City City 1. Election Campaign Finance Trust Fund Contribution. 1. Election Campaign	Country Zip Country 5, Certificate of Status Desired Status Desired S. Certificate of Status Desired A. Name TA, JAMES W. One 47TH ST E 308 AUDERDALE FL 33308 City FL Signature, Specific or printed name of registered and set if epipholesis (hOTE Registered deflice or registered agent, or both, in the State of Florida. Signature, Specific or printed name of registering agent and set if epipholesis (hOTE Registered Agent egiption required when remoteding) DATE Oration is eligible to satisfy its Intangible requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. OFFICIENT ADDRESS OTTY-ST-Zip Delete TITLE NAME SIRET ADDRESS OTTY-ST-Zip Delete TITLE NAME SIRET ADDRESS OTTY-ST-Zip Delete TITLE NAME SIRET ADDRESS OTTY-ST-Zip Delete TITLE NAME SIRET ADDRESS O	Country Zip Country 5, Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent TA, JAMES W. NE 47TH ST Ea 308 AUDERDALE FL 33308 City FL Zip Code Tagnature, speed or printed name of registered agent and alle fleptification. (PCTE Registered Agent, or both, in the State of Florida. File NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OR STREET ADDRESS CITY-51-2P Obelde TITE NAME STREET ADDRESS CITY-51-2P Obelde TITE Charge Charge Charge STREET ADDRESS CITY-51-2P Obelde TITE Charge Charge	

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:

Daytima Phone #