

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JAN 17 AM 11:29

DOCUMENT # **690166** (4)

1. Corporation Name  
**ROBERT N. BASKIN, M.D., P.A.**

Principal Place of Business Mailing Address  
**101 SOUTHERN OAK DR** **101 SOUTHERN OAK DR**  
**SOUTHERN OAKS MED CNTR** **SOUTHERN OAKS MED CNTR**  
**PLANT CITY FL 33566** **PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/15/1981** 3a. Date of Last Report **01/24/1994**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt #, etc. 26. Suite, Apt #, etc.

4. FEI Number **59-2099076** Applied For Not Applicable

22. City & State 27. City & State

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

23. Zip 28. Zip

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

24. Country 25. Country 29. Country 30. Country

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**

**BASKIN, ROBERT N**  
**101 SOUTHERN OAK DR**  
**PLANT CITY FL 33566**

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 of registered agent or registered agent and the corporation

Signature of Registered Agent (signature required when necessary)

Date

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DP</b>
NAME	<b>BASKIN, ROBERT N. MD</b>
STREET ADDRESS	<b>101 SOUTHERN OAK DRIVE</b>
CITY, ST, ZIP	<b>PLANT CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(4)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that any additions 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R N Baskin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-95 (813) 754-1581  
Date Signature