

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **690166** (4)
 1. Corporation Name
ROBERT N. BASKIN, M.D., P.A.



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

Mailing Address: **101 SOUTHERN OAK DR SOUTHERN OAKS MED CNTR PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1601 W TIMBERLANE DR** Suite, Apt. #, etc.

22 **PLANT CITY, FL** City & State

23 **33567** Zip

24 **HILLSBOROUGH** Country

25 **33567** Zip

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27 **PLANT CITY, FL** City & State

28 **HILLSBOROUGH** Country

29 **33567** Zip

30 **HILLSBOROUGH** Country

3. Date Incorporated or Qualified: **06/15/1981**

4. FEI Number: **59-2099076**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: **BASKIN, ROBERT N**

82 Street Address (P.O. Box Number is Not Acceptable): **1601 W TIMBERLANE DR**

83

84 City: **PLANT CITY, FL** 85 Zip Code: **33567**

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]* DATE: **3/16/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BASKIN, ROBERT N. MD	
STREET ADDRESS	101 SOUTHERN OAK DRIVE	
CITY-ST-ZIP	PLANT CITY FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BASKIN, ROBERT N MD	
1.3 STREET ADDRESS	1601 W TIMBERLANE DR	
1.4 CITY-ST-ZIP	PLANT CITY, FLORIDA 33566	
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 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 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: *[Signature]* DATE: **3/16/98**

CR2E034 (10/97)