

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90083 003 ***150.00

DOCUMENT # 690166

1. Entity Name

ROBERT N. BASKIN, M.D., P.A.

Principal Place of Business

Mailing Address

1601 W. TIMBERLAND DRIVE
 SOUTHERN OAKS MED CNTR
 PLANT CITY FL 33567
 US

1601 W. TIMBERLANE DRIVE
 SOUTHERN OAKS MED CNTR
 PLANT CITY FL 33567-5756
 US

2. Principal Place of Business

3. Mailing Address

507 W ALEXANDER ST
 Suite, Apt. #, etc.

507 W ALEXANDER ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY FL

City & State

PLANT CITY FL

4. FEI Number

59-2099076

Applied For

Not Applicable

Zip

33566

Country

USA

Zip

33566

Country

USA

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

6. Name and Address of Current Registered Agent

BASKIN, ROBERT N.
1601 W. TIMBERLANE DRIVE
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE **X** *Robert N. Baskin*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASKIN, ROBERT N. MD	NAME	
STREET ADDRESS	1601 W. TIMBERLANE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **X** *Robert N. Baskin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **(813) 754-3504**
 Daytime Phone #

CR2E034 (9/99)