## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 08:00 A Secretary of State

ANNUAL REPORT				
DOCUMENT # 690166  1. Entity Name ROBERT N. BASKIN, M.D., P.A.				

Principal Place of Business

Mailing Address

507 WEST ALEXANDER STREET PLANT CITY, FL 33563 US

507 WEST ALEXANDER STREET PLANT CITY, FL 33563 US



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04162008	No Chg-P	CR2E034 (11/05)	

U	NOI	WKIIE	IN IHIS	SPACE	;,	4. FEI Number 59-2099076		-	Applied For Not Applicable	
		•	•			**	5. Certificate of Status Desired		\$8.75 Fee Rep	Additional

6. Name and Address of Current Registered Agent

BASKIN, ROBERT N M.D. 2108 N. GOLFVIEW DRIVE PLANT CITY, FL 33567  8. The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title		in '	NOT WRITE THIS SPACE oth, in the State of Florida. I am familiar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be	05/01/08-80065-012 150.00
10.         OFFICERS AND DIRE           TITLE         P           NAME         BASKIN, ROBERT N. MD           STREET ADDRESS         2108 N. GOLFVIEW DRIVE           CITY-ST-ZIP         PLANT CITY, FL 33567	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-2IP			
NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
NAME STREET ADDRESS CITY-S1-ZIP		IN.	THIS SPACE
TITLE  .NAME STREET ADDRESS CITY-ST-ZIP	z''		
NAME STREET ADDRESS CITY-SI-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other/like empowered.

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BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/09 (813) 754-3504