


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90853 042 ***150.00

DOCUMENT # 690166

1. Entity Name
ROBERT N BASKIN, MD PA
507 W ALEXANDER STREET
PLANT CITY, FLORIDA 33563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
507 W. Alexander Street
Suite, Apt. #, etc.

3. Mailing Address
507 W. Alexander Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plant City, FL 33563

City & State
Plant City, FL 33563

4. FEI Number
59-2099076

Applied For
 Not Applicable

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

Zip Country
33563 HILLS

Zip Country
33563 HILLS

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert N. Baskin, M.D.

Street Address (P.O. Box Number is Not Acceptable)
2108 N Golfview Drive

City State Zip Code
Plant City FL 33567

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert N. Baskin, M.D. 2108 N. Golfview Drive Plant City, FL 33567	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE  Robert N. Baskin, M.D. 2/25/03 (813) 754-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)