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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90125 026 ***150.00

DOCUI	MENT # K9260	1						
	BATASKOV, M.D., P.A.							
Principal Place of Business Mailing Address						- I INEINIT BEN FREIN 15010 OTTEL ORERU I	'481 BEULL MINNE GEREL MIG	II MERBEI MIMIT EMBE
2623 S SEACRI	EST BLVD	2623 S SEACRE	ST BLVD					
SUITE 216	20. 02.0	SUITE 216						•
BOYNTON BEACH FL 33435 US		BOYNTON BEACH FL 33435				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 05/30/1989	_	
Principal Place of Business The state of Business The state of Business		2a. Mailing Address				4. FEI Number		Applied For
		26				65-0126568		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired [τ,	Additional
22		27				3. 35 miles 3	F00 I	Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip	Country	Zip		Country	,	8. This corporation owes the current	year Intangible	
24	25	29	[:	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered Agent	
				81	Name			
	IN, PHYLLIS B.			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	S S. SEACREST BLVD #216					· · · · · · · · · · · · · · · · · · ·	<u> </u>	
BOYNTON BEACH FL 33435				83	83			
				84	City		85 Zig	p Code
					l		<u> </u>	ia
office or r	edistered agent, or both, in the State	e of Florida. Such cha	nge was au	thorized by	the corpo	corporation submits this statement for the puration's board of directors. I hereby accept the	rpose of changing i ne appointment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607	7.0505, Flori	da Statutés	i. '	•		
SIGNATURE			MOTE.	Desistered Ages	at alamatura ra	equired when reinstating)	DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE:)	13.	ii sagriature re	ADDITIONS/CHANGES TO OFFIC		FORS IN 12
TITLE	PTD		DELETE	1.1 TITLE	T		Change	
NAME	TOON, PHYLLIS B.			1.2 NAME				
STREET ADDRESS	642 BOCA MARINA CT		1.3 ST		TADDRESS			•
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-S	T-ZIP		•	
TITLE	S		DELETE	2.1 TITLE		0 1 1 2 1) 1 2 1	Change	e
NAME	BATASKOV, KARRIE L			2.2 NAME		Bataskov, Rarrick. 2810 Hampton Créace Delray Ech F1 3344	•	
STREET ADDRESS	CATA DESIGNAL OF		2.3 STREE	T ADDRESS	2810 Hampton Uceaci	5		
CITY-ST-ZIP	DELRAY BCH FL			2. 4 CITY-S	ST-ZIP	Delray BCA F1 3344	红	-
TITLE			DELETE	3.1 TITLE			Change	e 🔲 Addition
NAME				3.2 NAME		•		
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP		<u></u>	
TITLE			DELETE	4.1 TITLE			☐ Chang	e
NAME				4. 2 NAME	ĺ			
STREET ADDRESS				4.3 STREET	TADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			DELETE	5.1 TITLE		•	☐ Change	e
NAME				5.2 NAME		•		
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP		☐ Change	e Addition
TITLE		Ш.	DELETE	6.2 NAME	-			, <u> </u>
NAME					TADORESS			
STREET ADDRESS	ľ			0.3 STREE	WINCESS			

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 attactoment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 56/ 368 0233

CR2E034 (11/98)