

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90031 005 ***150.00

DOCUMENT # K92601

1. Entity Name
TOON & BATASKOV, M.D., P.A.

Principal Place of Business 2623 S SEACREST BLVD SUITE 216 BOYNTON BEACH FL 33435 US	Mailing Address 2623 S SEACREST BLVD SUITE 216 BOYNTON BEACH FL 33435 US
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501490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 899 Meadows Road Suite, Apt. #, etc. #302	3. Mailing Address 899 Meadows Road Suite, Apt. #, etc. #302
City & State Boca Raton, FL	City & State Boca Raton FL

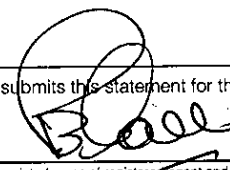
4. FEI Number 65-0126568	Applied For <input type="checkbox"/> Not Applicable
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Zip 33486	Country Palm Bch	Zip 33486	Country Palm Bch
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**TOON, PHYLLIS B.
 2623 S. SEACREST BLVD #216
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent
 Name **TOON, Phyllis B**
 Street Address (P.O. Box Number is Not Acceptable)
**899 Meadows Rd
 #302**
 City **Boca Raton FL** Zip Code **33486**

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  **Phyllis B. Toon MD** 1/11/01
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, 2001 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		<input type="checkbox"/> Delete
TITLE NAME PTD TOON, PHYLLIS B.	STREET ADDRESS 17600 WAGON WHEEL DR	CITY-ST-ZIP BOCA RATON FL 33496
TITLE NAME S BATASKOV, KARRIE L	STREET ADDRESS 2810 HAMPTON CR E.	CITY-ST-ZIP DELRAY BCH FL 33445
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	

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:  **Phyllis B Toon MD** 1/11/01 561-368-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)