




**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K92601</b> 1. Entity Name TOON & BATASKOV, M.D., P.A.		
Principal Place of Business 899 MEADOWS ROAD 302 BOCA RATON, FL 33486 US	Mailing Address 899 MEADOWS ROAD 302 BOCA RATON, FL 33486 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
 01052004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0126568		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  TOON, PHYLLIS B. 899 MEADOWS ROAD 302 BOCA RATON, FL 33486		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and file if applicable. NOTE: Registered Agent signature required when reinstating.</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOON, PHYLLIS B. 17800 WAGON WHEEL DR BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATASKOV, KARRIE L. 2810 HAMPTON CR E. DELRAY BCH, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>DO NOT WRITE IN THIS SPACE</b>	
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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)(f), 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.		
<b>SIGNATURE:</b> 		Date <u>3/22/04</u> <small>Day/Time Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		