2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90289 024 ***150.00

DOCUMENT # P03000128992

1. Entity Name
HAL MICHAEL BASS M.D.,P.A.

Principal Place of Business	Mailing Address
4875 N FEDERAL HWY STE 500 FT LAUDERDALE, FL 33308	4875 N FEDERAL HWY STE 500 FT LAUDERDALE, FL 33308

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5601 N. DIXIE HWY.	5601 N. DIXIE HWY
Suite, Apt. #, etc.: STE. 415	Suite, Apt. #, etc.: STE. 415
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number 20-0385684 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, HAL MICHAEL
4875 N FEDERAL HWY STE 500
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5601 NO. DIXIE HWY., STE. 415
City FT. LAUDERDALE FL Zip Code 33334

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASS, HAL MICHAEL 4875 N FEDERAL HWY STE 500 FT LAUDERDALE, FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S HAL MICHAEL BASS 5601 N. DIXIE HWY., STE. 415 FT. LAUDERDALE, FL 33334 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL MICHAEL BASS, PRESIDENT 4/2/04 (954) 267-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #