

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000128992

1. Entity Name

HAL MICHAEL BASS M.D., P.A.



Principal Place of Business

5601 N. DIXIE HWY.
STE. 415
FORT LAUDERDALE, FL 33334

Mailing Address

5601 N. DIXIE HWY.
STE. 415
FORT LAUDERDALE, FL 33334



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
5601 NO. DIXIE HWY., STE. 415
FORT LAUDERDALE, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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
DPS
BASS, HAL MICHAEL
5601 N. DIXIE HWY., STE. 415
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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04/30/07-80042-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of this report if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date