

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055468

Entity Name: BASK MEDICAL PA

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1140 LEE BLVD
#104
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

1140 LEE BLVD
#104
LEHIGH ACRES, FL 33936 US

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906 US

FEI Number: 26-0178600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BOULEVARD
SUITE 101
FORT MYERS, FL 33907 US

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: JOHN M. WICKER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TOTTERDALE, RAELENE
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920 US

Title: TRES (X) Delete
Name: TOTTERDALE, RAELENE
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920 US

Title: SECT (X) Delete
Name: TOTTERDALE, RAELENE
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920 US

Title: DIR (X) Delete
Name: TOTTERDALE, RAELENE
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: TOTTERDALE, RAELENE
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAELENE TOTTERDALE

DPST

04/29/2009

Electronic Signature of Signing Officer or Director

Date