2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# P95000090304

Entity Name: GORDON BASKIN, M.D., P.A.

Current Principal Place of Business:

1050 SE MONTEREY RD.
204
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1050 SE MONTEREY RD.
204
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-3347911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BASKIN, GORDON
Address: 1050 SE MONTEREY RD., SUITE 204
City-St-Zip: STUART, FL 34994

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BASKIN, GORDON MD
Address: 1050 SE MONTEREY RD., SUITE 204
City-St-Zip: STUART, FL 34994

Title: V ( ) Change (X) Addition
Name: KUMAR, AMITABH MD
Address: 1050 SE MONTEREY RD., SUITE 204
City-St-Zip: STUART, FL 34994

Title: V ( ) Change (X) Addition
Name: MAUNUS, HOWARD MD
Address: 1050 SE MONTEREY RD., SUITE 204
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GORDON BASKIN MD P 02/01/2005

Electronic Signature of Signing Officer or Director Date