

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090304

FILED  
Jan 14, 2012  
Secretary of State

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  
Name: BASKIN, GORDON MD  
Address: 1050 SE MONTEREY RD., SUITE 204  
City-St-Zip: STUART, FL 34994

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

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

I hereby 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 all other like empowered.

SIGNATURE: GORDON BASKIN MD

P

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date