

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 690166

Entity Name: ROBERT N. BASKIN, M.D., P.A.

Current Principal Place of Business:

507 WEST ALEXANDER STREET
PLANT CITY, FL 33563

Current Mailing Address:

2108 N GOLFOVIEW DRIVE
PLANT CITY, FL 33566 US

FEI Number: 59-2099076

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASKIN, ROBERT NM.D.
2108 N. GOLFOVIEW DRIVE
PLANT CITY, FL 33566 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name BASKIN, ROBERT N. MD
Address 2108 N. GOLFOVIEW DRIVE
City-State-Zip: PLANT CITY FL 33567

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: ROBERT N. BASKIN MD

PRESIDENT

01/30/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date