

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 690166

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

**Current Principal Place of Business:**

2108 N GOLFVIEW DR  
PLANT CITY, FL 33566

**Current Mailing Address:**

2108 N GOLFVIEW 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. GOLFVIEW 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. GOLFVIEW 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: SANDRA PENROSE**

**BILLING MANAGER**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date