

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M85420**

(1)

1. Corporation Name

**RICHARD D. BAXLEY, M.D., P.A.**



Principal Place of Business

**3724 EDGEWATER DR.  
ORLANDO FL 32804**

Mailing Address

**3724 EDGEWATER DR.  
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/10/1988**

4. FEI Number

**59-2891617**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 R.D.V. Sportsplex Family Prac**

**22 Suite, Apt. #, etc. 8701 Maitland Summit Blvd**

**23 City & State Orlando, FL**

**24 Zip 32810** **25 Country USA**

2a. Mailing Address

**26 R.D.V. Sportsplex Family Practice**

**27 Suite, Apt. #, etc. 8701 Maitland Summit Blvd**

**28 City & State Orlando, FL**

**29 Zip 32810** **30 Country USA**

9. Name and Address of Current Registered Agent

**BAXLEY, RICHARD D., M.D.  
3724 EDGEWATER DR.  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**8701 Maitland Summit Blvd.**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32810**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **BAXLEY, RICHARD D.**  
STREET ADDRESS **3724 EDGEWATER DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VS** ☐ DELETE

NAME **BAXLEY, BARBARA M.**  
STREET ADDRESS **3724 EDGEWATER DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

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NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **8701 Maitland Summit Blvd.**

1.4 CITY-ST-ZIP **Orlando, FL 32810**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **8701 Maitland Summit Blvd.**

2.4 CITY-ST-ZIP **Orlando, FL 32810**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

REQUIRED

9/21/98

(407) 916-4020

CR2E034 (5/98)