

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 18 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

993 000052392

JAY BAKER, M.D., P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9980 CENTRAL PARK BLVD N

Suite, Apt. #, etc.

SUITE 304

3. Mailing Address

3460 NW 59th ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0424919

Applied For

Not Applicable

Zip

33428

Country

Zip

33496

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JAY BAKER, MD

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

3460 NW 59th ST.

City BOCA RATON

FL

Zip Code

33496

**DO NOT WRITE  
IN THIS SPACE**

8. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSTD  
BAKER, JAY MD  
3460 NW 59th ST.  
BOCA RATON, FL 33496

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

500008547245  
10/23/02--01003--022 \*\*\*300.00

TITLE

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IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

73 10/18/02

October 10, 2002

TO: To Whom It May Concern:

Re: Jay Baker, M.D., P.A.

FEI Number: 65-0424919

Please be advised in the past two years I have not received a Uniform Business Report.  
Please accept this copy along with a check for \$300. Thank you