

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052392

Entity Name: JAY BAKER, M.D., P.A.

FILED
Jul 19, 2004
Secretary of State

Current Principal Place of Business:

9980 CENTRAL PARK BLVD N
STE 304
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

3460 NW 59TH ST
BOCA RATON, FL 33496

New Mailing Address:

3460 WINDSOR PLACE
BOCA RATON, FL 33496

FEI Number: 65-0424919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, JAY MD
3460 NW 59TH ST
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

BAKER, JAY MD
3460 WINDSOR PLACE
BOCA RATON, FL 33496 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:

07/19/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BAKER, JAY MD
Address: 3460 NW 59TH ST
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BAKER, JAY MD
Address: 3460 WINDSOR PLACE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAY BAKER

PRES

07/19/2004

Electronic Signature of Signing Officer or Director

Date