

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000014312

**Entity Name:** BASELINE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

285 UPTOWN BLVD, # 409  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

285 UPTOWN BLVD, # 409  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 26-4253696

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARKER, FRANKLIN  
285 UPTOWN BLVD, # 409  
ALTAMONTE SPRINGS, FL 32701 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 PARKER, FRANKLIN P  
Address 285 UPTOWN BLVD, # 409  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name PARKER, JOLIE A  
Address 285 UPTOWN BLVD, # 409  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** FRANKLIN PARKER

**PRES**

**04/13/2014**

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

\_\_\_\_\_  
Date