

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000064467

**Entity Name:** BRIAN P. BAKER, D.M.D., P.A.

**Current Principal Place of Business:**

600 SOUTH HOPKINS AVRNUE  
TITUSVILLE, FL 32796

**Current Mailing Address:**

600 SOUTH HOPKINS AVENUE  
TITUSVILLE, FL 32796 US

**FEI Number:** 59-3467927

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 1500  
MIAMI, FL 33131 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 DR  
Name BAKER, BRIAN PD.M.D.  
Address 600 SOUTH HOPKINS AVRNUE  
City-State-Zip: TITUSVILLE FL 32796

*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:** BRIAN P. BAKER D.M.D,

**PRESIDENT**

**02/16/2014**

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

\_\_\_\_\_  
Date