


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 508504				
1. Entity Name NEIL A. BAKER, D.D.S., P.A.				
Principal Place of Business 8333 WEST MCNAB ROAD SUITE 104 TAMARAC FL 33321		Mailing Address 8333 WEST MCNAB ROAD SUITE 104 TAMARAC FL 33321		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent BAKER, NEIL A. 8333 W MCNAB RD TAMARAC FL 33321				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1671199** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BAKER, NEIL A. 8333 WEST MCNAB RD #104 TAMARAC FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000212461 02/03/05-80031-005 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neil A. Baker Dr. Neil A. Baker 2/1/05 954 722 1100 x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #