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FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90013 045 ***150.00
 07-08-1999 90010 027 ***400.00

PRO-11 CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # 595806 1. Corporation Name JOHN C. BAKER, M.D., P.A.																											
Principal Place of Business 2919 SWANN AVE. STE. 301 TAMPA FL 33609 US		Mailing Address 2919 SWANN AVE. STE. 301 TAMPA FL 33609 US																									
2. Principal Place of Business 21 2919 SWANN AVE. Suite, Apt. #, etc. 22 STE. 301 City & State 23 TAMPA FL Zip 24 33609 Country 25 US		2a. Mailing Address 26 2919 SWANN AVE. Suite, Apt. #, etc. 27 STE. 301 City & State 28 TAMPA FL Zip 29 33609 Country 30 US																									
3. Date Incorporated or Qualified 12/01/1978		4. FEI Number 59-1904266																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
7. This corporation owes the current year, Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DO NOT WRITE IN THIS SPACE																									
9. Name and Address of Current Registered Agent ANNIS, MICHAEL D. ONE TAMPA CITY CENTER, SUITE 2100 201 NORTH FRANKLIN STREET TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																									
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																											
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE

John C. Baker

3-30-99

813 877-423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)