2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# 629609

Entity Name: BAKER, JACOBSON AND LEVINE, M.D.'S, P.A.

Current Principal Place of Business:

7800 SW 87TH AVE
MIAMI, FL 331730570

New Principal Place of Business:

7800 SW 87TH AVE
MIAMI, FL 331730570 US

Current Mailing Address:

7800 SW 87TH AVE
MIAMI, FL 331730570

New Mailing Address:

7800 SW 87TH AVE
B260
MIAMI, FL 331730570 US

FEI Number: 59-1921343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAHN, JOHN
1515 NORTH FEDERAL HWY
SUITE 300
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

HAHN, JEFF
1515 NORTH FEDERAL HWY
SUITE 300
BOCA RATON, FL 33432 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: JEFF HAHN 01/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: BAKER, H BARRY, MD,
Address: 7800 S.W. 87TH AVE #B260
City-St-Zip: MIAMI, FL 00000,

Title: PT ( ) Delete
Name: JACOBSON, NATHAN A,, MD
Address: 7800 S.W. 87TH AVE #B260
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: LEVINE, RICHARD L, M, D
Address: 7800 S.W. 87TH AVE #B260
City-St-Zip: MIAMI, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: DOVAL, BEATRIZ P MANAGER
Address: 7800 SW 87 AVENUE #B260
City-St-Zip: MIAMI, FL 33173 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BEATRIZ P. DOVAL S 01/04/2006
Electronic Signature of Signing Officer or Director Date