

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F66382

(5)

1. Corporation Name

CHRISTOPHER BALD, M.D., P.A.

Principal Place of Business

40 SW 12TH ST #A102  
OCALA FL 34474  
US

Mailing Address

40 SW 12TH ST #A102  
OCALA FL 34474-4056  
US



3. Date Incorporated or Qualified

02/01/1982

3a. Date of Last Report

01/24/1996

4. FEI Number

59-2156194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

9. Name and Address of Current Registered Agent

MCGINTY, A. EDWARD  
501 E KENNEDY BLVD  
SUITE 7700  
TAMPA, FL 33601

10. Name and Address of New Registered Agent

81 Name

Jeffery M. Fuller

82 Street Address (P.O. Box Number is Not Acceptable)

100 N. Tampa St., Suite 2650

83

84 City

Tampa

FL

85

Zip Code  
33602

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

*Jeffery M. Fuller*

Jeffery M. Fuller

1/17/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
BALD, CHRISTOPHER  
STREET ADDRESS  
40 SW 12TH ST #A102  
CITY - ST - ZIP  
OCALA, FL 00000

TITLE ☐ DELETE

NAME  
BALD, CHRISTOPHER  
STREET ADDRESS  
40 SW 12TH ST #A102  
CITY - ST - ZIP  
OCALA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

*C. Bald*

C. BALD, MD

1/7/97

352-622-1918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)