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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

H81097

(8)

THEODORE J. BAKER, D.D.S., P.A.										
511 SOUTH	re J. Baker Eucalyptus street	% THEOD 511 SOUT	Mailing Address % THEODORE J. BAKER 511 SOUTH EUCALYPTUS STREET			TEBIBLI GIĞI (ETER 1181) BONG (GITL 1281 912); ANNU 21811 21811 9121				
SEBRING FL 33870		SEBRING	SEBRING FL 33870			3. Date incorporated or 10/14/1985	Qualified 3	3a. Date of Last R 05/25/19		
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number 59-2606455			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired		J Fee	\$8.75 Additional Fee Required	
City & State	te	City & S	State			Election Campaign Fir Trust Fund Contribution	on L	Adde	O May Be d to Fees	
Zip 24	Country 25	Zip 29		Countr 30	у	8. This corporation has l Florida Statutes	Yes [⊒ No	199.032,	
<u></u>	9. Name and Address of C	Surrent Registered Ag	gent			10. Name and Address	of New Reg	Istered Agent		
511 SO	R, THEODORE J. DUTH EUCALYPTUS STREET NG FL 33870	г			Name Street Address (P.O. Box Number is Not Acceptable) 3					
or registe	t to the provisions of Sections 607 ered agent, or both, in the State o with, and accept the obligations of	nt Florida. Such change	i was autnori	ized by the coi		oration submits this statement oard of directors. I hereby acce	for the purpo pt the appoint	se of changing its	registered office d agent. I am	
	x headons	Kall.						Date		
SIGNATURE	Signature, typed or printed name of registr	ad agent and life if applicable		NOTE: Registered Ag	ent signature requi	red when reinstating)	S TO OFFICE	DATE ERS AND DIRECTO	OBS IN 12	
SIGNATURE	Signature, typed or printed name of registro	ed agent and lifte if applicable	<u> </u>	NOTE: Registered Ac		ered when reinstating) ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRECT		
SIGNATURE 12. TITLE	Signature, typeo or printed name of registry OFFICE	ed agent and lifte if applicable		NOTE: Registered Age 13.	E	wed when reinstating) ADDITIONS/CHANGE	S TO OFFICE		ORS IN 12	
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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 in 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

Dete