2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# J33212

Entity Name: JAMES D. BAKER, III, M.D., P.A.

Current Principal Place of Business:

1801 BARRS STREET
SUITE 415
JACKSONVILLE, FL 322044723

New Principal Place of Business:

2 SHIRCLIFF WAY
SUITE 415 DEPAUL BLDG
JACKSONVILLE, FL 322044723

Current Mailing Address:

1801 BARRS STREET
SUITE 415
JACKSONVILLE, FL 322044723

New Mailing Address:

2 SHIRCLIFF WAY
SUITE 415 DEPAUL BLDG
JACKSONVILLE, FL 322044723

FEI Number: 59-2713008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAKER, JAMES D III
1801 BARRS STREET
SUITE 415
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

BAKER, JAMES D III
2 SHIRCLIFF WAY
SUITE 415 DEPAUL BLDG
JACKSONVILLE, FL 32204 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: 04/07/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BAKER, JAMES D M.D.
Address: 1801 BARRS STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: S ( ) Delete
Name: SMART, JAMES BENNY M.D.
Address: 1801 BARRS STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: BAKER, JAMES D M.D.
Address: 2 SHIRCLIFF WAY STE 415 DEPAUL BLDG
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Change ( ) Addition
Name: SMART, JAMES BENNY M.D.
Address: 2 SHIRCLIFF WAY STE 415 DEPAUL BLDG
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify 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: JAMES D BAKER III MD DPT 04/07/2008
Electronic Signature of Signing Officer or Director — Date