

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J41233** (4)

1. Corporation Name

THEODORE A. BARKER, M.D., P.A.



Principal Place of Business

Mailing Address

**% THEODORE A. BARKER, M.D.
515 W.STATE RD.434, STE.206
LONGWOOD FL 32750**

**2298 SPRINGS BLVD
LONGWOOD FL 32779
US**

3. Date Incorporated or Qualified

11/06/1986

3a. Date of Last Report

07/05/1995

4. FEI Number

59-2732409

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKER, THEODORE A.
2298 SPRINGS LANDING BLVD
LONGWOOD FL 32779**

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

Signature typed or printed (last, first, middle initial) of individual providing

Signature typed or printed (last, first, middle initial) of individual providing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST BARKER, THEODORE**
STREET ADDRESS **515 W.STATE RD.434, #206**
CITY- ST- ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME **D BARKER, THEODORE**
STREET ADDRESS **515 W.STATE RD.434, #206**
CITY- ST- ZIP **LONGWOOD 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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY- ST- ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY- ST- ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1496

DATE

DATE OF PREPARE

407-7746803

CR2E034 (12/95)