

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

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J41233 (4) 1. Corporation Name THEODORE A. BARKER, M.D., P.A.
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Principal Place of Business % THEODORE A. BARKER, M.D. 515 W.STATE RD.434, STE.206 LONGWOOD FL 32750	Mailing Address 2298 SPRINGS BLVD LONGWOOD FL 32779 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/06/1986	3a. Date of Last Report 05/20/1996
4. FEI Number 59-2732409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARKER, THEODORE A. 2298 SPRINGS LANDING BLVD LONGWOOD FL 32779	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, THEODORE	12 NAME	
STREET ADDRESS	515 W.STATE RD.434, #206	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, THEODORE	22 NAME	
STREET ADDRESS	515 W.STATE RD.434, #206	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 _____

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MEDICAL & DENTAL MANAGEMENT

AUBREY H. LILES, JR.

AUBREY H. LILES, III, D.P.A.

TELEPHONE (770) 512-8160

FACSIMILE (770) 512-7078

*1117 Perimeter Center West
Suite N-111
Atlanta, Georgia 30338*

June 30, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Theodore A. Barker, M.D., P.A.

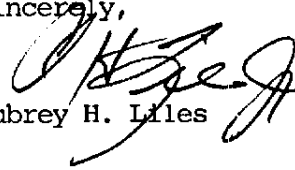
Gentlemen:

Please find enclosed a check in the amount of \$165.00 in payment of filing fee for taxpayer named above.

Dr. Barker suffered a very serious and extended illness before his death on April 20, 1997. Despite every effort to take care of his business affairs as usual, this report was inadvertantly overlooked.

We appreciate your understanding and consideration in accepting this filing fee without penalty.

Sincerely,


Aubrey H. Liles

AHL/bc