2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L08000023523

Entity Name: BAKER MEDICAL INSTITUTE, LLC

Current Principal Place of Business:

5225 MANATEE AVENUE WEST
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

5225 MANATEE AVENUE WEST
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 26-2144471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAURIE E. BAKER, P.A.
515 9TH STREET EAST
SUITE 100
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BAKER, DENISE L MD
Address: 5225 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34209 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: BAKER, HOWARD A
Address: 624 IXORA AVENUE
City-St-Zip: ELLENTON, FL 34222

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENISE L. BAKER, M.D. MGRM 03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date