# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 30, 2012**
**Secretary of State**

DOCUMENT# L08000023523

**Entity Name:** BAKER MEDICAL INSTITUTE, LLC

**Current Principal Place of Business:**

3651 CORTEZ ROAD WEST
SUITE 100
BRADENTON, FL 34210

**New Principal Place of Business:**

**Current Mailing Address:**

515 9TH STREET EAST
SUITE 100
BRADENTON, FL 34208

**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
Name: BAKER, DENISE L MD
Address: 3651 CORTEZ ROAD WEST, SUITE 100
City-St-Zip: BRADENTON, FL 34210 US

I hereby 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 Statues.

SIGNATURE: DENISE L BAKER, M.D. MGRM 03/30/2012

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