2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N93000003341

Entity Name: BAKER COUNTY MEDICAL SERVICES, INC.

Current Principal Place of Business:

159 N THIRD ST
MACCLENNY, FL 32063

New Principal Place of Business:

159 N THIRD ST
MACCLENNY, FL 32063 US

Current Mailing Address:

P. O. BOX 484
MACCLENNY, FL 32063 US

New Mailing Address:

FEI Number: 59-3202547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, JOHN D
% HENRY, BUCHANAN, MICK, HUDSON, ETAL
2508 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: D
Name: BLAKLEY, TONNIE
Address: 230 N BLVD E
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: DOPSON, GARY
Address: P O BOX 466
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: KENNEDY, STEVE
Address: RT 1 BOX 519
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: WILSON, CHARLES
Address: 752 GRIFFIN CIR
City-St-Zip: MACCLENNY, FL 32063

Title: D
Name: RAULERSON, SHERRIE
Address: 12791 COUNTY RD 125N
City-St-Zip: GLEN ST MARY, FL 32040 US

Title: O
Name: MARKOS, DENNIS R
Address: 159 NORTH THIRD STREET
City-St-Zip: MACCLENNY, FL 32063 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS R MARKOS CEO 01/05/2011
Electronic Signature of Signing Officer or Director Date