

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032766

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** DEBRA BAGGETT D.P.M., P.A.

**Current Principal Place of Business:**

7328 W UNIVERSITY AVE, STE B  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

7328 W UNIVERSITY AVE, STE H  
GAINESVILLE, FL 32607

**Current Mailing Address:**

7328 W UNIVERSITY AVE, STE B  
GAINESVILLE, FL 32607

**New Mailing Address:**

7328 W UNIVERSITY AVE, STE H  
GAINESVILLE, FL 32607

**FEI Number:** 59-3633735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAGGETT, DEBRA  
7328 W UNIVERSITY AVE, STE B  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

BAGGETT, DEBRA  
7328 W UNIVERSITY AVE, STE H  
GAINESVILLE, FL 32607 US

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

04/26/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAGGETT, DEBRA  
Address: 7328 W UNIVERSITY AVE, STE B  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BAGGETT, DEBRA  
Address: 7328 W UNIVERSITY AVE, STE H  
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA BAGGETT DPM PA

Electronic Signature of Signing Officer or Director

PD

04/26/2005

Date