

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90008 022 ***150.00

DOCUMENT # P00000097021

1. Entity Name
JOHN P. BAKER, D.C., P.A.

Principal Place of Business
**5450 SOUTH STATE ROAD 7
 FORT LAUDERDALE FL 33314**

Mailing Address
**% BARRY STAUM
 1515 UNIVERSITY DRIVE, SUITE 115
 CORAL SPRINGS FL 33071**

PRINTED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8118 N. UNIVERSITY DR.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Tamarac, FL.

City & State

4. FEI Number
65-1060015

Applied For
 Not Applicable

Zip
33321

Country
Broward

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name
DR. John P. Baker
 Street Address (P.O. Box Number is Not Acceptable)
8118 N. UNIVERSITY DRIVE
 City
Tamarac FL Zip Code
33321

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE **DR. John P. Baker** (Signature) (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 BAKER, JOHN P D.C.
 5450 SOUTH STATE ROAD 7
 FORT LAUDERDALE FL 33314** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
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 CITY-ST-ZIP
 Change Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/01** Daytime Phone #: **954-804-5300**

Date Daytime Phone #

01377

CR2E034 (10/00)