

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90078 029 \*\*\*150.00

**DOCUMENT # P01000033886**

1. Entity Name  
**BAXTER, INC.**



Principal Place of Business  
**15410 OLD STATE ROAD 4A  
SUGARLOAF FL 33042**

Mailing Address  
**15410 OLD STATE ROAD 4A  
SUGARLOAF FL 33042**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
3. Mailing Address  
City  
State  
County  
Zip  
City  
State  
County  
Zip

4. FEI Number **65-1111407**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CALLAHAN, IRENE  
15410 OLD STATE ROAD 4A  
SUGARLOAF FL 33042**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALLAHAN, IRENE	
STREET ADDRESS	15410 OLD STATE ROAD 4A	
CITY-ST-ZIP	SUGARLOAF FL 33042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALLAHAN, THOMAS PAUL	
STREET ADDRESS	15410 OLD STATE ROAD 4A	
CITY-ST-ZIP	SUGARLOAF FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**Signature Required**  
**Irene Callahan** 3/20/03 305-797-0956  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)