


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000081139 1. Entity Name IGNACIO A. BAEZ, D.M.D., P.A.	
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Principal Place of Business 300 GATLIN AVE ORLANDO, FL 32806	Mailing Address 300 GATLIN AVE ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



08122006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3698488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAEZ, IGNACIO A D.M.D. 300 GATLIN AVE ORLANDO, FL 32806
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

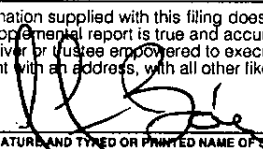
000000576162
09/05/06-20011-015 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAEZ, IGNACIO A D.M.D. 300 GATLIN AVE ORLANDO, FL 32806
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Ignacio A Baez DMD** 9-01-06 407-438-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #