

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062894

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** BAKER MEDICAL LEGAL CONSULTANTS INC.

**Current Principal Place of Business:**

1190 NIGHTHAWK COURT  
HOMESTEAD, FL 33035 US

**New Principal Place of Business:**

**Current Mailing Address:**

1190 NIGHTHAWK COURT  
HOMESTEAD, FL 33035 US

**New Mailing Address:**

FEI Number: 20-2770110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BAKER, STEVEN A  
1190 NIGHTHAWK COURT  
HOMESTEAD, FL 33035 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BAKER, KATHRYN H  
Address: 1190 NIGHTHAWK COURT  
City-St-Zip: HOMESTEAD, FL 33035 US

Title: DIR  
Name: BAKER, STEVEN A  
Address: 1190 NIGHTHAWK COURT  
City-St-Zip: HOMESTEAD, FL 33035 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN H. BAKER

PRES

03/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date