


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000114805 1. Entity Name JAIME L. BAQUERO, M.D., P.A.	
--	---

06 OCT 24 11:37

Principal Place of Business 7070 W. PALMETTO PARK ROAD BOCA RATON, FL 33433 US	Mailing Address 21644 STATE ROAD 7 ATTN: CONTROLLER WEST BOCA RATON, FL 33428 US
--	---



2. Principal Place of Business 7070 WEST PALMETTO PARK RA.	3. Mailing Address 21644 STATE ROAD 7 Suite, Apt. #, etc. Attn: CONTROLLER
---	---

REINSTATEMENT

City & State BOCA RATON, FLORIDA	City & State WEST BOCA RATON, FL	4. FEI Number 43-2083420	Applied For <input type="checkbox"/> Not Applicable
Zip 33433	Country US	Zip 33498	Country US

6. Name and Address of Current Registered Agent BAQUERO, JAIME L 18183 BOCA WAY DRIVE BOCA RATON, FL 33498	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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: Jaime Baquero (JAIME L. BAQUERO) DATE: 10/9/06

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 January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BAQUERO, JAIME L 18183 BOCA WAY DRIVE BOCA RATON, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600081130316 10/24/06--01008--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jaime Baquero DATE: 10/9/06 DAYTIME PHONE #: (561)451-3481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #