


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 08:00 AM
Secretary of State

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



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



08072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 43-2083420 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAQUERO, JAIME L
 18183 BOCA WAY DRIVE
 BOCA RATON, FL 33498

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAQUERO, JAIME L
STREET ADDRESS	18183 BOCA WAY DRIVE
CITY-ST-ZIP	BOCA RATON,, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/20/07-80002-006 150.00

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 L. Baquero Date: 8/6/07 (541) 451-3481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #