## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000058865

Entity Name: BAKER COMMUNITY MEDICAL PRACTICE, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	TH THIRD STF NNY, FL 3206			
Current Mailing Address:		New Mailing Address:		
	FICE BOX 484 NNY, FL 3206			
FEI Numbe	r: 26-0289594	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name an	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
2508 BAR	IAN, JOHN D J RRINGTON CIF ASSEE, FL 323	RCLE		
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
	te of Florida.  JRE:			d office or registered agent, or both,
in the Stat	te of Florida.  JRE:	submits this statement for the		d office or registered agent, or both,  Date
in the Stat	te of Florida.  JRE: Electro			
in the Stat	te of Florida.  JRE: Electro	nic Signature of Registered Ag	ent	
in the Stat	te of Florida.  JRE: Electro  ampaign Financir  RS AND DIREC  D (  MARKOS, DEI  14125 NW CC	nic Signature of Registered Ag ng Trust Fund Contribution ( ). CTORS: ) Delete NNIS R DUNTY ROAD 239	ent	Date
in the State SIGNATU  Election Ca  OFFICER  Title: Name: Address:	te of Florida.  JRE: Electro  ampaign Financir  RS AND DIREC  D ( MARKOS, DEI 14125 NW CC LAKE BUTLER  D ( RAULERSON, POST OFFICE	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete NNIS R DUNTY ROAD 239 R, FL 32054  ) Delete SHERRIE E BOX 40	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS R MARKOS PRES 03/25/2009