

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058865

FILED
Jan 06, 2010
Secretary of State

Entity Name: BAKER COMMUNITY MEDICAL PRACTICE, INC.

Current Principal Place of Business:

159 NORTH THIRD STREET
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 484
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 26-0289594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, JOHN D JR.
2508 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 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: D
Name: MARKOS, DENNIS R
Address: 14125 NW COUNTY ROAD 239
City-St-Zip: LAKE BUTLER, FL 32054

Title: D
Name: RAULERSON, SHERRIE
Address: POST OFFICE BOX 40
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D
Name: BLAKELY, TONNIE
Address: 230 NORTH BOULEVARD EAST
City-St-Zip: MACCLENNY, FL 32063

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: DENNIS R MARKOS

D

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date