

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000014312

**FILED**  
**Aug 23, 2012**  
**Secretary of State**

**Entity Name:** BASELINE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

921 N. LAKE OTIS DR. SE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

1199 N ORANGE AVE  
ORLANDO, FL 32804

**Current Mailing Address:**

921 N. LAKE OTIS DR. SE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

408 E CENTER ST  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 26-4253696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, FRANKLIN  
921 N LAKE OTIS DR SE  
WINTER HAVEN, FL 33880 US

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

PARKER, FRANKLIN  
408 E CENTER ST  
ALTAMONTE SPRINGS, FL 32701 US

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: FRANKLIN PARKER

08/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARKER, FRANKLIN P  
Address: 408 E CENTER ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP  
Name: PARKER, JOLIE A  
Address: 408 E CENTER ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: FRANKLIN PARKER

PRES

08/23/2012

Electronic Signature of Signing Officer or Director

Date