

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1986. AMOUNT DUE ON OR BEFORE 6/30/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT

1985 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Worham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 25 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P84000054373 (3)

1. Corporation Name

JAME L. BAQUERO, M.D., P.A.

Principal Place of Business

10187 NW 81ST ST
CORAL SPRINGS FL 33066

Mailing Address

10187 NW 81ST ST
CORAL SPRINGS FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1984

3a. Date of Last Report

4. Fed. Number

65-0510748

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.75 Additional Fee Required

6. Election of Corporate Reporting Trust Fund Contribution

\$5.00 May Be Added to Fees

7. The corporation has liability for intangible tax under s. 190.032, Florida Statutes

Yes No

2. Principal Place of Business

81 Suite, Apt. #, etc

82 City & State

83 Zip

Country

2a. Mailing Address

86 Suite, Apt. #, etc

87 City & State

88 Zip

Country

9. Name and Address of Current Registered Agent

**BAQUERO, JAME L
10187 NW 81ST ST
CORAL SPRINGS FL 33066**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

18. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BAQUERO, JAME L
STREET ADDRESS	10187 NW 81ST ST
CITY-ST-ZIP	CORAL SPRINGS FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

19. ADDITIONS, CHANGES, RESIGNATIONS AND DEPARTURES	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1000022525251
1.3 STREET ADDRESS	-07/30/87-01051-023
1.4 CITY-ST-ZIP	***165.00 ***165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 12 or Block 13, or on an attachment with an address.

SIGNATURE:

Jame L. Baquero MD

8-4-95

153-2255

Jame L Baquero

Jame Baquero