


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000008851**

1. Entity Name  
**JOSE F. BACA M.D. INC.**



Principal Place of Business      Mailing Address

777 E 25 ST      777 E 25 ST  
 SUITE 509      SUITE 509  
 HIALEAH FL 33013      HIALEAH FL 33013



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite Apt # etc.      Suite Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

65-0559711      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BACA, AMANDA M**  
**777 E 25 ST**  
**SUITE 509**  
**HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution     

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D <input type="checkbox"/> Delete BACA, JOSE F 777 E 25 ST HIALEAH FL 33013
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D <input type="checkbox"/> Delete BACA, AMANDA M 777 E 25 ST HIALEAH FL 33013
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  J000000200518 01/28/05-80022-020 150.00
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date** 1/25/05      **Distress Phone #**