

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

40062511

<b>DOCUMENT # P98000020872</b> 1. Entity Name <b>ALIX L. BAXTER, M.D., P.A.</b>		<b>Secretary of State</b> 04-16-2007 90074 016 ***150.00	
Principal Place of Business <b>2201 N.W. 25TH STREET GAINESVILLE, FL 32605 US</b>		Mailing Address <b>2201 N.W. 25TH STREET GAINESVILLE, FL 32605 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2830 NW 41ST ST</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite J</b>		Suite, Apt. #, etc.	
City & State <b>Gainesville, FL</b>		City & State	
Zip <b>32606</b>		Country <b>USA</b>	
5. Name and Address of Current Registered Agent <b>BAXTER, ALIX L 2201 N.W. 25TH STREET GAINESVILLE, FL 32605</b>		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 <u><i>Alix L. Baxter, M.D., P.A.</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAXTER, ALIX L 2201 N.W. 25TH STREET GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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: <u><i>Alix L. Baxter</i></u>		Date <u>4/12/07</u> 352-373-2525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Phone #	