

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90316 018 ***150.00

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DOCUMENT # P99000065334

1. Entity Name
BAKER DENTAL CENTER, INC.



Principal Place of Business
**1147 S EDGEWOOD AVE
JACKSONVILLE FL 32205**

Mailing Address
**1147 S EDGEWOOD AVE
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address
12873 HUNTLY MANOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE, FLORIDA

4. FEI Number
59-3594037

Applied For
 Not Applicable

Zip

Country

Zip
32224

Country
FLORIDA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, ELEANOR C
1147 S EDGEWOOD AVE
JACKSONVILLE FL 32208**

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD BAKER, ELEANOR C**
STREET ADDRESS **1147 S EDGEWOOD AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **STD CARSON, ELAINE C**
STREET ADDRESS **1147 S EDGEWOOD AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BAKER, HAROLD J**
STREET ADDRESS **1147 S EDGEWOOD AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Eleanor C. Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 **904** **223-7783**
Date Daytime Phone #

CR2E034 (10/02)