2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091035 1. Entity Name JAIME BARKER, M.D., P.A.

Principal Place of Business

2. Principal Place of Business

1808 ORCHID ST. SARASOTA FL 34239

Zin

Mailing Address

3. Mailing Address

1808 ORCHID ST. SARASOTA FL 34239

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Sep 04, 2002 8:00 am Secretary of State

09-04-2002 90086 020 ***150.00

978030



DATE

DO NOT WRITE IN THIS SPACE

65-0963575

	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 A		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NORTON, SAM D 1819 MAIN ST., STE. 610 SARASOTA FL 34236			Name Street Addr	Name Street Address (P.O. Box Number is Not Acceptable)			
<i>5711</i> 11 10 17 17 1	. 04200		City		₽ ₽ Zip Co		

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.

(NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition BARKER, JAIME M.D. NAME NAME 1808 ORCHID ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

8/27/02 941,792.81.93
Date Daytime Phone #

Attachment

Jaime Barker, M.D.

CHILD, ADOLESCENT AND ADULT PSYCHIATRY

1808 ORCHID STREET SARASOTA, FLORIDA 34239 941-954-1086

#P90009/**0**55

August 27, 2002

Florida Department of State Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

The enclosed Uniform Business Report for 2002 is the first form that I have received this year. No other forms of this type have been delivered via mail to my office.

Sincerely,

J. Baker M. D.

Jaime Barker, MD