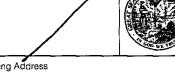
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S05740

DOCUMENT #

1. Entity Name KEITH A. BAKER, D.O., P.A.



Mailing Address P O BOX 152387 418 SW 47TH TERRACE CAPE CORAL FL 33914 HS

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

Country

BAKER, KEITH A. OAK TREE TERRACE 418 SW 47TH TERRACE CAPE CORAL FL 33914

Principal Place of Business

OAK TREE TERRACE

418 SW 47TH TERRACE

CAPE CORAL FL 33914

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

 \Box

May 02, 2003 8:00 am Secretary of State

05-02-2003 90425 028 ***150.00

CHECK HERE IF MAKING CHANGES

\$5.00 May Be Added to Fees

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

OFFICERS AND DIRECTORS 11. ☐ Delete TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

9. Election Campaign Financing

Trust Fund Contribution.

10. TITLE Addition BAKER, KEITH NAME NAME 418 SW 47TH TERR, PO BOX 152387 STREET ADDRESS. STREET ADDRESS CAPE CORAL FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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 TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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 employered to accurate 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 addre-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR