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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S13050**

(7)

1. Corporation Name

**THOMAS J. BAIRD, P.A.**



Principal Place of Business

Mailing Address

**11380 PROSPERITY FARMS RD SUITE 112  
PROSPERITY GARDENS  
PALM BEACH GARDENS FL 33410**

**11380 PROSPERITY FARMS RD SUITE 112  
PROSPERITY GARDENS  
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified

**11/13/1990**

3a. Date of Last Report

**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAIRD, THOMAS J.**

**11380 PROSPERITY FARMS RD SUITE 112  
PROSPERITY GARDENS  
PALM BEACH GARDENS FL 33410**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date (Required)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE ☐ DELETE

**D  
BAIRD, THOMAS J  
1841 ASCOTT ROAD  
JUNO ISLES FL**

1.1 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY- ST- ZIP

14 CITY- ST- ZIP

12.2 TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

22 NAME

CITY- ST- ZIP

23 STREET ADDRESS

12.3 TITLE ☐ DELETE

NAME

24 CITY- ST- ZIP

STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP

32 NAME

12.4 TITLE ☐ DELETE

NAME

33 STREET ADDRESS

STREET ADDRESS

34 CITY- ST- ZIP

CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

12.5 TITLE ☐ DELETE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

12.6 TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY- ST- ZIP

53 STREET ADDRESS

12.7 TITLE ☐ DELETE

NAME

54 CITY- ST- ZIP

STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

407-627-6202

Date

Daytime Phone #

CR2E034 (12/95)