

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S38200

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** BAKER MEDICAL ARTS, P.A.

**Current Principal Place of Business:**

3651 CORTEZ ROAD WEST  
SUITE 100  
BRADENTON, FL 34210 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 9TH STREET EAST  
SUITE 100  
BRADENTON, FL 34208 US

**New Mailing Address:**

**FEI Number:** 65-0249987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, LAURIE E  
515 9TH STREET EAST  
SUITE 100  
BRADENTON, FL 34208 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: BAKER, DENISE L MD  
Address: 3651 CORTEZ ROAD WEST, STE 100  
City-St-Zip: BRADENTON, FL 34210 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENISE L BAKER, MD

P

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date