

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33212

Entity Name: JAMES D. BAKER, III, M.D., P.A.

Current Principal Place of Business:

2 SHIRCLIFF WAY
SUITE 415 DEPAUL BLDG
JACKSONVILLE, FL 32204-4723

Current Mailing Address:

2 SHIRCLIFF WAY
SUITE 415 DEPAUL BLDG
JACKSONVILLE, FL 32204-4723

FEI Number: 59-2713008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, JAMES DIII
2 SHIRCLIFF WAY
SUITE 415 DEPAUL BLDG
JACKSONVILLE, FL 32204 US

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

Officer/Director Detail :

Title DPT
Name BAKER, JAMES DM.D.
Address 2 SHIRCLIFF WAY STE 415 DEPAUL
BLDG
City-State-Zip: JACKSONVILLE FL 32204

Title S
Name SMART, JAMES BENNY M.D.
Address 2 SHIRCLIFF WAY STE 415 DEPAUL
BLDG
City-State-Zip: JACKSONVILLE FL 32204

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: JAMES D BAKER

DPT

02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date