## **2016 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

FILED Mar 04, 2016

**Secretary of State** 

CC9900325443

Officer/Director Detail:

Title DPT Title S

Name BAKER, JAMES DM.D. Name SMART, JAMES BENNY M.D.

Address 2 SHIRCLIFF WAY STE 415 DEPAUL Address 2 SHIRCLIFF WAY STE 415 DEPAUL

BLDG BLDG

City-State-Zip: JACKSONVILLE FL 32204 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.

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail