

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000098669

**Entity Name:** JACK E. BARON, M.D, P.A.

**Current Principal Place of Business:**

1 DOMINICA DRIVE  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

1 DOMINICA DRIVE  
ENGLEWOOD, FL 34223

**FEI Number:** 65-0882532

**Certificate of Status Desired:** No

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

BARON, JACK EMD  
1 DOMINICA DRIVE  
ENGLEWOOD, FL 34223 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 DR.  
Name BARON, JACK E  
Address 1 DOMINICA DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title VSD  
Name BARON, KATHY SUSAN  
Address 1 DOMINICA DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

*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:** KATHY SUSAN BARON

VSD

02/27/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date