



State of California
Secretary of State

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06-441895

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STATEMENT OF INFORMATION
(Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C0635932
BAKER EQUINE HOSPITAL, INC.
10542 WALKER ST
CYPRESS CA 90630

FILED
In the office of the Secretary of State
of the State of California

OCT 02 2006

This Space For Filing Use Only

DUE DATE: 10-31-06

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

NO CHANGE STATEMENT

2. ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 15.
If there have been any changes to the information contained in the last Statement of Information filed with the Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE
10542 Walker St Cypress CA 90630

4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
10542 Walker St Cypress CA 90630

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY AND STATE ZIP CODE
Anna F. Baker 10542 Walker St Cypress CA 90630

6. SECRETARY/ Vice President ADDRESS CITY AND STATE ZIP CODE
Vincent A. Baker 10542 Walker St Cypress CA 90630

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY AND STATE ZIP CODE
JoAnne Baker 10542 Walker St Cypress CA 90630

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

8. NAME ADDRESS CITY AND STATE ZIP CODE
Anna F. Baker 10542 Walker St Cypress CA 90630

9. NAME ADDRESS CITY AND STATE ZIP CODE
Vincent A. Baker 10542 Walker St Cypress CA 90630

10. NAME ADDRESS CITY AND STATE ZIP CODE
JoAnne Baker 10542 Walker St Cypress CA 90630

11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 13 must be left blank.)

12. NAME OF AGENT FOR SERVICE OF PROCESS
JoAnne Baker 10542 Walker St Cypress CA 90630

13. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA

TYPE OF BUSINESS

14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Equine Medical Billing and Surgery

15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

JoAnne Baker

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE