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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name
 Organization **Baker Healthcare Consulting, Inc.**

2. Address Check if different than previously reported
 Address I **One American Square** Suite **2000**
 City **Indianapolis** State **IN** Zip Code **46282** Country **US**

3. Principal place of business (if different than line 2)
 City _____ State _____ Zip Code _____ Country _____

4a. Contact Name Prefix **Mr.** Full Name **Dale E. Baker** b. Telephone number **317-631-3613** c. E-mail **bakerhealthcare@yahoo.com**

5. Senate ID # **5164**

7. Client Name Self **Phoenix Memorial Hospital** 6. House ID # **33560**

TYPE OF REPORT 8. Year **2004** Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date **12/31/04** 11. No Lobbying Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Dale E. Baker, President

Registrant Name Baker Healthcare Consulting, Inc.

Client Name Phoenix Memorial Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue 

See attached:

17. House(s) of Congress and Federal agencies contacted Check if None

Senate
House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Dale	Baker		
John	Render		

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Dale E. Baker

2/10/05

Add a page for a diff

Printed Name and Title Dale E Baker, President

LD-2DS (RE)

Page 2

Registrant Name Baker Healthcare Consulting, Inc. Client Name Phoenix Memorial Hospital

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address			
City	State	Zip Code	Country

21. Client new principal place of business (if different than line 20)

City	State	Zip Code	Country
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22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

	First Name	Last Name	Suffix		First Name	Last Name	
1				3			
2				4			

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1	2	3
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FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own per cent
	City	State/Province Country	City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

1	3	5
2	4	6

Add a page for more

Printed Name and Title Dale E Baker, President

