## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # G78635 1. Corporation Name

DALE D. BATTEN, D.M.D., P.A.

								1111 1111 (111
Principal Place	of Business	Mailing Address				1 100 1111 100 1111 1111 1111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. '
% DALE D. BATTEN 123 W. PLYMOUTH AVE. DELAND FL 32720 ,		% dale d. Batten 123 w. Plymouth ave. Deland fl. 32720			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/12/1984		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-2367445		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State		City & State			·	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current ye		
24	25	29 30				Personal Property Tax.	l⊠tYes	□No
9. Name and Address of Current Registered Agent					**	10. Name and Address of New Register	ered Agent	
			8	31 N	lame			
	TEN, DALE D. W. PLYMOUTH AVE.		8	32 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
DELA	ND FL 32720		8	33		- <u>-</u>		
				1	City		FL	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								Ì
	Signature, typed or printed name of registered ager		_	gent siç	gnature required v	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		OPS IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	Change □	
TITLE	P DATE D	□ DELETE	1.1 TITL					
NAME	BATTEN, DALE D.		1.2 NAME					Į
STREET ADDRESS	123 W. PLYMOUTH AVE.		1.3 STREE		ļ.		v .	
CITY-ST-ZIP	DELAND FL	El por exe	1.4 CITY		<u> </u>		☐ Change	Addition
TITLE	•	☐ DELETE	2.1 TITL					
NAME			2.2 NAM					
STREET ADDRESS			2.3 STR	EET AD	DRESS			
CITY-ST-ZIP			2.4 CIT		IP	<u> </u>	☐ Change	Addition
TITLE			3,1 TITL				□ Change	Addition
NAME			3.2 NAM		}			ł
STREET ADDRESS			3.3 STR	EET AD	DRESS			
CITY-ST-ZIP			3.4, CIT		IP		☐ Change	Addition
TITLE		☐ DELETE	4,1 TITLE			•		- C Addition
NAME			4.2 NAME		ļ			
STREET ADDRESS	•		4.3 STREE		XORESS			
CITY-ST-ZIP		1	4.4 CITY		IP		(7.Ch==+1	Addition
TITLE		☐ DELETE	5.1 TITL				Change	Adotton
NAME .			5.2 NAW					
STREET ADDRESS	•		5.3 STR					
CITY-ST-ZIP			5.4 CITY		IP			□ & adds -
TITLE		☐ DELETE	6.1 TITL				☐ Change	Addition .
NAME			6.2 NAM		ļ			
STORET ANNUESS			6.3 STR	EETAD	XORESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied entary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the previous of the previous contraction of the corporation of the previous contraction of the previous contraction of the previous contraction of the corporation of the previous contraction of the previous

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

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