## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H86523**

1. Entity Name

ABRÁHAM I. BATEH, P. A.



Mailing Address

1558 SAN MARCO BLVD. JACKSONVILLE, FL 32207-9998

Principal Place of Business

1558 SAN MARCO BLVD. JACKSONVILLE, FL 32207-9998 FILED Mar 12, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2602814 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATEH, ABRAHAM I. 1558 SAN MARCO BLVD. JACKSONVILLE, FL 32207-9998

## DO NOT WRITE IN THIS SPACE

				IN THIS STACE		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its re	gistered off	ice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable (NOTE: R	legistered Agen	l signalur	a required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATEH, ABRAHAM I. 1558 SAN MARCO BLVD. JACKSONVILLE, FL 322079998			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					3	U00000855003 03/27/08-80030-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SPACE
TITLE NAME STREET ADDRESS			,			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or the receipter or trusted energy effect as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 2008 904.3