

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54208

Entity Name: GATC, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

13660 74TH AVENUE NORTH  
SEMINOLE, FL 33776

## New Principal Place of Business:

## Current Mailing Address:

13660 74TH AVENUE NORTH  
SEMINOLE, FL 33776

## New Mailing Address:

PO BOX 7790  
SEMINOLE, FL 33775

FEI Number: 59-2982122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIALA, JOSEPH J MD  
13660- 74TH AVE. NORTH  
SEMINOLE, FL 33776 US

## Name and Address of New Registered Agent:

FIALA, JOSEPH J MD  
13660- 74TH AVE. NORTH  
SEMINOLE, FL 33776 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: JOSEPH J. FIALA, MD

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVT ( ) Delete  
Name: FIALA, JOSEPH J  
Address: 13660 74TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: DP ( ) Delete  
Name: FIALA, GARRICK J  
Address: 13660 74TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: DS ( ) Delete  
Name: FIALA, IVA  
Address: 13660 74TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change ( ) Addition  
Name: FIALA, JOSEPH J MD  
Address: PO BOX 7790  
City-St-Zip: SEMINOLE, FL 33775

Title: DP (X) Change ( ) Addition  
Name: FIALA, GARRICK J  
Address: PO BOX 7790  
City-St-Zip: SEMINOLE, FL 33775

Title: DS (X) Change ( ) Addition  
Name: FIALA, IVA  
Address: PO BOX 7790  
City-St-Zip: SEMINOLE, FL 33775

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH J. FIALA, MD

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date