

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Myrland
Secretary of State
1900 Bay Street, Tower B, 14th Fl.,
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

COMMERCIAL
REGISTERED
WINDERMERE, FLORIDA

DOCUMENT # **L84727** (1)

1. Corporation Name
DR. DAVID A. HATMAKER, P. A.

2. Principal Office Address
**2699 LEE ROAD
STE 430
WINTER PARK FL 32789
US**

3. Mailing Address
**9340 SIR LAWRENCE CT.
WINDERMERE FL 34786
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated (or number) **07/01/1990** 3a. Date of last report **05/01/1994**

4. FEI Number **59-3015446** Agent For Not Applicable

5. Certificate of Status (Required) **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Does corporation have members who are not citizens of the United States? Yes No

21. Principal Office State **FL** 22. Principal Office City **WINTER PARK**

23. Principal Office Zip **32789** 24. Principal Office Country **US**

25. Mailing State **FL** 26. Mailing City **WINDERMERE**

27. Mailing Zip **34786** 28. Mailing Country **US**

29. State of Incorporation **FL** 30. Country of Incorporation **US**

9. Name and Address of Current Registered Agent
**HATMAKER, DAVID A.
9340 SIR LAWRENCE CT.
150-31
WINDERMERE FL 34786**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number if Not Applicable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation admits 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 Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE _____ TITLE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PST HATMAKER, DAVID A.	1. TITLE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 9340 SIR LAWRENCE COURT WINDERMERE FL	2. TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	3. TITLE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. TITLE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	5. TITLE	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY	6. TITLE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. TITLE	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	8. TITLE	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY	9. TITLE	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	10. TITLE	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	11. TITLE	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY	12. TITLE	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified to act as registered agent for the corporation. I further certify that the information included on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made on the date that I am available to this for the corporation or the return of further information to make the filing report as required by Chapter 607, Florida Statutes, and that my name appears on Block A of Block A of the corporate records maintained with me.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID A. HATMAKER

4/27/95 407-647-4385