2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2002 8:00 AM
Secretary of State

DOCUMENT# L84727

Entity Name: DR. DAVID A. HATMAKER, P. A.

Current Principal Place of Business:

2699 LEE ROAD
STE 430
WINTER PARK, FL 32789 US

New Principal Place of Business:

5900 TURKEY LAKE ROAD
STE C
ORLANDO, FL 32819 US

Current Mailing Address:

PO BOX 1354
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 59-3015446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATMAKER, DAVID A.
9340 SIR LAWRENCE CT.
150-31
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

HATMAKER, DAVID A.
P.O. BOX 1354
WINDERMERE, FL 34786 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: DAVID A. HATMAKER 02/23/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: HATMAKER, DAVID A.,
Address: 9340 SIR LAWRENCE COURT
City-St-Zip: WINDERMERE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: HATMAKER, DAVID A.,
Address: P.O. BOX 1354
City-St-Zip: WINDERMERE, FL 34786

Title: M ( ) Change (X) Addition
Name: WEST, JAMES L
Address: P.O. BOX 1354
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES L. WEST M 02/23/2002
Electronic Signature of Signing Officer or Director Date