2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84727

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

ORLANDO, FL 32836

City-St-Zip:

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1507 S. HIAWASSEE 5728 MAJOR BLVD. ORLANDO, FL 32835 US SUITE 217 ORLANDO, FL 32819 US **Current Mailing Address: New Mailing Address:** PO BOX 1354 WINDERMERE, FL 34786 US FEI Number: 59-3015446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HATMAKER, DAVID A. HATMAKER, DAVID A 8819 LAKE MABEL DRIVE 8819 LAKE MABEL DRIVE ORLANDO, FL 32836 ORLANDO, FL 32836 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 04/19/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HATMAKER, DAVID A., Name: Name: 8819 LAKE MABEL DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: () Delete Title: Title: () Change () Addition HATMAKER, GAIL A Name: Name: 8819 LAKE MABEL DR. Address: Address:

City-St-Zip:

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: DAVID A HATMAKER PSI 04/19/2008