

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84727

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

5728 MAJOR BLVD.
SUITE 217
ORLANDO, FL 32819 US

New Principal Place of Business:

5728 MAJOR BLVD.
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
8819 LAKE MABEL DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HATMAKER, DAVID A.
Address: 8819 LAKE MABEL DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: M () Delete
Name: HATMAKER, GAIL A
Address: 8819 LAKE MABEL DR.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: HATMAKER, GAIL A
Address: 8819 LAKE MABEL DR.
City-St-Zip: ORLANDO, FL 32836

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

PST

04/27/2009

Electronic Signature of Signing Officer or Director

Date