

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L87959

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** JOHN BATISTA, M.D., P.A.

**Current Principal Place of Business:**

445 MARINER BLVD.  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

445 MARINER BLVD.  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 59-3022615

**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:**

BATISTA, JOHN, M.D.  
445 MARINER BLVD  
SPRING HILL, FL 34609 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BATISTA, JOHN, M.D.  
**Address:** 445 MARINER BLVD  
**City-St-Zip:** SPRING HILL, FL 34609

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN BATISTA MD PA

D

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date