2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 10, 2009
Secretary of State

DOCUMENT# P00000050350

Entity Name: ROBERT BATEYKO, M.D. CHARTERED

Current Principal Place of Business:

5664 BEE RIDGE ROAD
SUITE 101
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5664 BEE RIDGE ROAD
SUITE 101
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-1013740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLITANO, JOHN E
100 WALLACE AVENUE
SUITE 204
SARASOTA, FL 34237 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

OFFICERS AND DIRECTORS:

Title: PDTS ( ) Delete
Name: BATEYKO, ROBERT MD
Address: 5664 BEE RIDGE RD. STE. 101
City-St-Zip: SARASOTA, FL 34233

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECR ( ) Change (X) Addition
Name: BATEYKO, VALERIA A
Address: 5664 BEE RIDGE ROAD, #101
City-St-Zip: SARASOTA, FL 34233

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: ROBERT BATEYKO PDTS 11/10/2009

Electronic Signature of Signing Officer or Director — Date