2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000004736

FILED
Jul 05, 2012
Secretary of State

Entity Name: DATS OF OCALA, INC.

Current Principal Place of Business:

3040 SW 27TH AVENUE
SUITE 101
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3040 SW 27TH AVENUE
SUITE 101
OCALA, FL 34471

New Mailing Address:

FEI Number: 27-1650925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLUHAREFF, A. MICHAEL DDS
3040 SW 27TH AVENUE
SUITE 101
OCALA, FL 34471 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: PRES
Name: GLUHAREFF, ALEX M
Address: 3040 SW 27 AVE #101
City-St-Zip: OCALA, FL 34471 US

Title: PRES
Name: GLUHAREFF, ALEX M
Address: 3040 SW 27 AVE #101
City-St-Zip: OCALA, FL 34471 US

Title: PRES
Name: GLUHAREFF, ALEX M
Address: 3040 SW 27 AVE #101
City-St-Zip: OCALA, FL 34471 US

Title: PRES
Name: GLUHAREFF, ALEX M
Address: 3040 SW 27 AVE #101
City-St-Zip: OCALA, FL 34471 US

Title: PRES
Name: GLUHAREFF, ALEX M
Address: 3040 SW 27 AVE #101
City-St-Zip: OCALA, FL 34471 US

Title: PRES
Name: GLUHAREFF, ALEX M
Address: 3040 SW 27 AVE #101
City-St-Zip: OCALA, FL 34471 US

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: ALEX M GLUHAREFF PRES 07/05/2012

Electronic Signature of Signing Officer or Director Date