

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030705

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: DALE G. SALATICH, M.D., P.A.

## Current Principal Place of Business:

1911 N MILLS AVE  
ORLANDO, FL 32803

## New Principal Place of Business:

745 N MAGNOLIA AVE  
STE 201  
ORLANDO, FL 32803

## Current Mailing Address:

1911 N MILLS AVE  
ORLANDO, FL 32803

## New Mailing Address:

745 N MAGNOLIA AVE  
STE 201  
ORLANDO, FL 32803

FEI Number: 59-3490701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'QUINN, MICHAEL A ESQ  
28 W CENTRAL BLVD STE 400  
FOWLER & O'QUINN  
ORLANDO, FL 32801 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: DR ( ) Delete  
Name: SALATICH, DALE G M.D.  
Address: 1911 N MILLS AVE  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: SALATICH, DALE G M.D.  
Address: 745 N MAGNOLIA AVE STE 201  
City-St-Zip: ORLANDO, FL 32803

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: DALE G SALATICH

P

04/26/2007

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

\_\_\_\_\_  
Date