


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90213 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000094517

1. Corporation Name

DATS/SEBRING, INC.

Principal Place of Business
 1614 S.W. LAKEVIEW DRIVE
 SEBRING FL 33870

Mailing Address
 1614 S.W. LAKEVIEW DRIVE
 SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

65-0877890

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

29

30

9. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DIRECTOR
GAYLE OBERMAYER, D.D.S. ☐ DELETE
116 S. HUCKLEBERRY LK. RD.
SEBRING, FL 33872

ASST. DIRECTOR
PAMELA J. LAMP ☐ DELETE
3701 FAIRWAY RD
SEBRING, FL 33872

☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

741-385-1911

Daytime Phone #

CR2E034 (11/98)