## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132787

Entity Name: SCOTT HEITZMANN, D.M.D., P.A.

**FILED** Mar 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2316 PELICAN BAY COURT 514 FLORIDA AVE.

PANAMA CITY BEACH, FL 32408 LYNN HAVEN, FL 32444 US LIS

**Current Mailing Address: New Mailing Address:** 

2316 PELICAN BAY COURT 514 FLORIDA AVE.

PANAMA CITY BEACH, FL 32408 US LYNN HAVEN, FL 32444 US

FEI Number: 20-5738404 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:

JACKSON, ROBERT C ESQ. 304 MAGNOLIA AVE PANAMA CITY, FL 32401 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE ( ) Delete Title: (X) Change ( ) Addition

HEITZMANN, SCOTT D.M.D. HEITZMANN, SCOTT D.M.D. Name: Name: 514 FLORIDA AVE.

2316 PELICAN BAY COURT Address: Address:

City-St-Zip: PANAMA CITY BEACH, FL 32408 US City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT J. HETIZMANN, DMD DIRE 03/26/2007