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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F28462

1. Corporation Name

HEIMA	CONSULTANTS OF SOUTH	NEST FLURIDA, P.A.							
Principal Place	of Rusiness	Mailing Address				f rocking fire krokk rokk bri	YE BIRKE HER BIE	tir mamir mämet mimit s	OCOCK GIZEL FEBL
2668 WINKLER AVE P.O. BOX 60559					ţ				
P O BOX 60559***********************************					- (
FT MYERS FL 33901 US						DO NOT WRITE IN THIS SPACE			
us					ſ	3. Date Incorporated or Quali	fed		
						04/01/1981			
2. Principal P	ace of Business	2a. Mailing Address			Į	4. FEI Number			pplied For
21 26			· 			59-2086792	<u> </u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					Ì	5. Certifcate of Status Desire	d 🔲	\$8.75	
22 27								Fee Re	
City & State	е	City & State			ļ	6. Election Campaign Finance	ing 🗆	\$5.00	•
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	k			1	8. This corporation owes the	current year	<u></u>	
24	25	29 3	<u>o</u> l			Personal Property Tax.	Cominton	☐ Yes	_ □No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of No	w Kegister	en Agent	
WAI	KER, JOSEPH P. M.D		["	Name					
2668 WINKLER AVENUE			82	Street	Addres	is (P.O. Box Number is Not Acc	eptable)		
FORT MYERS FL 33901			<u> </u>	 _					
i i on	1 M 1ENS E 33501		83	{					
			84	City			F	85 Zip (Code
44. Durrigant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes 1				e-named	COTDOE	ation submits this statement for	the numose	of changing its	registered
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 register 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.							egistered		
SIGNATURE					_				
	Signature, typed or printed name of registered agent			it signature re	required w	men reinstating)	DATE		200 IN 40
12.	OFFICERS ANI	DELETE	13.	——- ₁	Τ	ADDITIONS/CHANGES TO	OFFICERS	Change	Addition
TITLE .	DP	□ pereie	1.1 TITLE					☐ onange	[] Addition
NAME	WALKER, JOSPEH P		1.2 NAME		ļ				
STREET ADDRESS	2668 WINKLER AVE		1.3 STREET	TADDRESS					
CITY-ST-ZIP	FT MYERS, FL 00000		1.4 C/TY-ST-Z/P		}		~ ~~	[] Change	Addition
TITLE -	VST- DELETE		2.1 ππle		1			Citalige	☐ Vagillon
NAME (WING, GLENN L		2.2 NAME	ł	ł				
STREET ADDRESS	2668 WINKLER AVENUE		2.3 STREET	TADDRESS]				
CITY-ST-ZIP	FT MYERS, FL 00000		2. 4 CITY-S	IT-ZIP	}				
TITLE	V □ DELETE		3.1 T(TLE					Change	☐ Addition
NAME	RASKAUSKAS, PAUL A		3.2 NAME		ļ				
STREET ADDRESS	2668 WINKLER AVE.		3.3 STREET	T ADDRESS					
CITY-ST-ZIP	FT. MYERS FL		3.4. CITY-S	T-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE	f	1			Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	TADORESS	ļ				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>				
TITUE		☐ DELETE	5.1 TITLE	}	1			Change	Addition
NAME			5.2 NAME	ļ	ļ				
STREET ADDRESS			5.3 STREET	r address	1				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP]				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME	ſ	[
STREET ADDRESS			6.3 STREET	FADDRESS	i				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

911-939 4619