

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512424

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** HEARTLAND ORTHOPEDIC CLINIC OF A. ROBERT MASSAM,M.D., P.A.

**Current Principal Place of Business:**

4325 SUN N LAKES BLVD.  
STE. 105  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

4325 SUN N LAKES BLVD.  
STE. 105  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 59-1691094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSAM, A ROBERT  
4325 SUN N LAKES BLVD.  
STE. 105  
SEBRING, FL 33872 US

**Name and Address of New Registered Agent:**

MASSAM, ALFRED R MD  
4325 SUN N LAKES BLVD.  
STE. 105  
SEBRING, FL 33872 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: A.ROBERT MASSAM

01/07/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MASSAM, A. ROBERT,  
Address: 2730 BEACH DRIVE  
City-St-Zip: AVON PARK FL,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MASSAM, ALFRED R MD  
Address: 4325 SUN N LAKE BLVD  
City-St-Zip: SEBRING, FL 33872 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALFRED R MASSAM MD

PD

01/07/2005

Electronic Signature of Signing Officer or Director

Date