

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N02695
 1. Entity Name
 HERITAGE MEDICAL PARK OFFICE-OWNERS ASSOCIATION, INC.



Principal Place of Business 6160 N. DAVIS HWY. SUITE 3 PENSACOLA, FL 32504	Mailing Address 6160 N. DAVIS HWY. SUITE 3 PENSACOLA, FL 32504
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03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3191724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WESTBROOK, THOMAS
 6160 N. DAVIS HWY.
 SUITE 3
 PENSACOLA, FL 32504

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8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTAGNA, FRANK 6160 N. DAVIS HWY. STE 1 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTBROOK, THOMAS 6160 N. DAVIS HWY, STE 3 PENSACOLA, FL
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 04/08/05-80069-004 61.25

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12. 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 report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Thomas Westbrook* _____
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date: 3-31-05 Daytime Phone #: 824)31121