


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90017 041 \*\*\*\*61.25

<b>DOCUMENT # N02695</b>	
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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02092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

WESTBROOK, THOMAS  
6160 N. DAVIS HWY.  
SUITE 3  
PENSACOLA, FL 32504

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Laurence J. Sulzer</i> 6160 N DAVIS PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM W SEARS 6160 N DAVIS HWY, STE 7 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Will W. Sears* 4/5/06 850-479-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #