

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02695

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** HERITAGE MEDICAL PARK OFFICE-OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6160 N. DAVIS HWY.  
SUITE 7  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

6160 N. DAVIS HWY.  
SUITE 7  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 59-3191724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: T  
Name: SEARS, WILLIAM W  
Address: 6160 N DAVIS HWY STE 7  
City-St-Zip: PENSACOLA, FL 32504

Title: P  
Name: GILGUN, LARRY  
Address: 6160 N DAVIS HWY STE 10  
City-St-Zip: PENSACOLA, FL 32504

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM W. SEARS

T

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date