

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 27, 2011
Secretary of State

Entity Name: HEEKIN INSTITUTE FOR ORTHOPEDIC RESEARCH, INC.

Current Principal Place of Business:

2627 RIVERSIDE AVENUE, 3RD
JACKSONVILLE, FL 32204

New Principal Place of Business:

2627 RIVERSIDE AVENUE
3RD FLOOR
JACKSONVILLE, FL 32204

Current Mailing Address:

2627 RIVERSIDE AVENUE, 3RD
JACKSONVILLE, FL 32204

New Mailing Address:

2627 RIVERSIDE AVENUE
3RD FLOOR
JACKSONVILLE, FL 32204

FEI Number: 80-0639717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, ROBERT A
1 SLEIMAN PARKWAY, SUITE 280
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HEEKIN, CLAIRE B
2627 RIVERSIDE AVE.
3RD FLOOR
JACKSONVILLE, FL 32204 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: CLAIRE B. HEEKIN

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OFR
Name: HEEKIN, R. DAVID M.D.
Address: 2627 RIVERSIDE AVENUE, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: OFCR
Name: DUFFY, GAVAN P M.D.
Address: 2627 RIVERSIDE AVENUE, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: OFCR
Name: HEEKIN, CLAIRE B
Address: 2627 RIVERSIDE AVENUE, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: LAIPPLY, ERIN M
Address: 2627 RIVERSIDE AVENUE, 3RD FLOOR
City-St-Zip: JACKSONVILLE, FL 32204

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: CLAIRE B. HEEKIN

OFR

04/27/2011

Electronic Signature of Signing Officer or Director

Date