2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2012
Secretary of State

DOCUMENT# N10000008451

Entity Name: HEEKIN INSTITUTE FOR ORTHOPEDIC RESEARCH, INC.

Current Principal Place of Business:

2627 RIVERSIDE AVENUE
3RD FLOOR
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2627 RIVERSIDE AVENUE
3RD FLOOR
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 80-0639717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN, CLAIRE B
2627 RIVERSIDE AVE.
3RD FLOOR
JACKSONVILLE, FL 32204 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: 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 MGMR 04/06/2012

Electronic Signature of Signing Officer or Director — Date