2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014210

FILED Apr 17, 2007 Secretary of State

Entity Name: R.	DAVID HEEKIN, M.D., P.A.			
Current Principa	l Place of Business:	New Principal Place of Bu	New Principal Place of Business:	
1503 OAK ST JACKSONVILLE, I	FL 32204			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
1503 OAK ST JACKSONVILLE, I	FL 32204			
FEI Number: 59-3696	FEI Number Applied For ()	FEI Number Not Applicable ()	ertificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
HEEKIN, T. GEOF ONE INDEPENDE JACKSONVILLE, I	ENT DR, STE 2200			
The above named in the State of Flor		he purpose of changing its registered office	e or registered agent, or both,	
SIGNATURE:				
E	Electronic Signature of Registered	Agent	Date	
Election Campaign F	inancing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	() Delete N, R. DAVID IOLMESTALE RD	Title: DR. (X) Ch Name: HEEKIN, R. DAVID Address: 1503 OAK STREET	ange () Addition	

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32204

() Delete Title: () Change (X) Addition

DESHMUKH, RAHUL V Name: Name: Address: Address: 1503 OAK STREET City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. DAVID HEEKIN **PRES** 04/17/2007