

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000014210

Entity Name: R. DAVID HEEKIN, M.D., P.A.

FILED  
Aug 18, 2008  
Secretary of State

## Current Principal Place of Business:

1503 OAK ST  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

2627 RIVERSIDE AVE.  
THIRD FLOOR  
JACKSONVILLE, FL 32204

## Current Mailing Address:

1503 OAK ST  
JACKSONVILLE, FL 32204

## New Mailing Address:

2627 RIVERSIDE AVE.  
THIRD FLOOR  
JACKSONVILLE, FL 32204

FEI Number: 59-3696338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ  
ONE INDEPENDENT DR, STE 2200  
JACKSONVILLE, FL 32202 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: MGR ( ) Delete  
Name: HEEKIN, R. DAVID  
Address: 1503 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DR. ( ) Delete  
Name: DESHMUKH, RAHUL V  
Address: 1503 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition  
Name: HEEKIN, R. DAVID  
Address: 2627 RIVERSIDE AVE. 3RD FLOOR  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR (X) Change ( ) Addition  
Name: DESHMUKH, RAHUL V  
Address: 2627 RIVERSIDE AVE. 3RD FLOOR  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR ( ) Change (X) Addition  
Name: MURPHY, KEVIN P  
Address: 2627 RIVERSIDE AVE. 3RD FLOOR  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR ( ) Change (X) Addition  
Name: DUFFY, GAVAN P  
Address: 2627 RIVERSIDE AVE. 3RD FLOOR  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify 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, M.D.

MGR

08/18/2008

Electronic Signature of Signing Officer or Director

Date