2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P01000014210

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

Current Principal Place of Business:

2627 RIVERSIDE AVE.
THIRD FLOOR
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2627 RIVERSIDE AVE.
THIRD FLOOR
JACKSONVILLE, FL 32204

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: GOLL, CHRISTOPHER
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 MGR 04/03/2009

Electronic Signature of Signing Officer or Director — Date