

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002976

FILED
Apr 18, 2004
Secretary of State

Entity Name: HEAVEN MEDICAL CENTER, PA

Current Principal Place of Business:

3900 BROADWAY
SUITE D-9
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

3900 BROADWAY
SUITE D-9
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 02-0660697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENOL, CLAUDE J MD
4730 - A GOLDEN GATE PARKWAY
NAPLES, FL 34116 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: PRES () Delete
Name: KENOL, CLAUDE J MD
Address: 4730 - A GOLDEN GATE PARKWAY
City-St-Zip: NAPLES,, FL 34116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDE J KENOL MD

PRES

04/18/2004

Electronic Signature of Signing Officer or Director

Date