

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000002976

1. Entity Name
HEAVEN MEDICAL CENTER, PA



FILED

04 OCT -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3900 BROADWAY
SUITE D-9
FORT MYERS, FL 33901 US

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



2. Principal Place of Business
3900 Broadway
Suite, Apt. #, etc.
D-9

3. Mailing Address
Suite, Apt. #, etc.

09232004 Chg-P CR2E034 (10/03)

City & State
FORT MYERS FLORIDA
Zip
33901 Country
US

City & State
Zip
Country

4. FEI Number
02-0660697
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENOL CLAUDE J MD
4730 - A GOLDEN GATE PARKWAY
NAPLES, FL 34116

7. Name and Address of New Registered Agent

Name
MARLY ANN ZAWADA D.C.
Street Address (P.O. Box Number is Not Acceptable)
9380 MARINO CIR. Apt. 104
City
NAPLES FL Zip Code
34114

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
[Signature]

10/01/2004
DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
KENOL CLAUDE J MD
4730 - A GOLDEN GATE PARKWAY
NAPLES, FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCTOR OF CHIROPRACTIC
MARLY ANN ZAWADA
9380 MARINO CIR. Apt. 104
NAPLES, FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200041605502
10/05/04--01038--021 ***61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.01.04
Date Daytime Phone #