

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002976

FILED
Apr 11, 2005
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:

PO BOX 7968
NAPLES, FL 34101 US

FEI Number: 02-0660697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAWADA, MARY ANN DC
9380 MARION CIR
APT 104
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

KENOL, CLAUDE J MD
4730 GOLDEN GATE PKWY
SUITE A
NAPLES, FL 34101 US

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: CLAUDE KENOL

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: CD (X) Delete
Name: ZAWADA, MARY ANN
Address: 9380 MARINO CIR, APT 104
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: KENOL, CLAUDE J MD
Address: 4730 - A GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116 US

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 KENOL MD

DIR

04/11/2005

Electronic Signature of Signing Officer or Director

Date