

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002976

FILED  
May 03, 2006  
Secretary of State

Entity Name: HEAVEN MEDICAL CENTER, PA

## Current Principal Place of Business:

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

## Current Mailing Address:

PO BOX 7968  
NAPLES, FL 34101 US

## New Principal Place of Business:

4730 GOLDEN GATE PKWY  
SUITE A  
NAPLES, FL 34116 US

## New Mailing Address:

PO BOX 7007  
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:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) 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 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: CLAUDE KENOL

DIR

05/03/2006

Electronic Signature of Signing Officer or Director

Date