

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020044

Entity Name: ELIZABETH HEIL, M.D., INC.

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

521 W. SR 434
SUITE 302
LONGWOOD, FL 32750

Current Mailing Address:

521 W. SR 434
SUITE 302
LONGWOOD, FL 32750

New Principal Place of Business:

521 W. SR 434
SUITE 302
LONGWOOD, FL 32750 US

New Mailing Address:

521 W. SR 434
SUITE 302
LONGWOOD, FL 32750 US

FEI Number: 20-8416732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 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:

02/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEIL, ELIZABETH
Address: 521 W. SR 434 #302
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEIL, ELIZABETH P MD
Address: 521 W. SR 434 #302
City-St-Zip: LONGWOOD, FL 32750

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: ELIZABETH HEIL

PD

02/14/2009

Electronic Signature of Signing Officer or Director

Date