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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000063631

1. Corporation Name
J. HEITMANN, M.D. AND R. PETERSEN, M.D., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1660 MEDICAL BLVD
 STE 300
 NAPLES FL 34110-497
 US**

Mailing Address
**211 MERMAIDS BIGHT
 NAPLES FL 34103
 US**

3. Date Incorporated or Qualified
07/23/1997

4. FEI Number
59-3458388 Applied For
 Not Applicable

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

6. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. Yes No

2. Principal Place of Business

21 2a. Mailing Address
1660 Medical Blvd

22 Suite, Apt. #, etc.
Suite 300

23 City & State
Naples

24 Zip Country
34110-1497 USA

9. Name and Address of Current Registered Agent

**HEUERMAN, PAUL K
 850 PARK SHORE DR. THIRD FLOOR
 NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HEITMANN, JEFFREY A
STREET ADDRESS	1660 MEDICAL BLVD, STE 300
CITY-ST-ZIP	NAPLES FL 34110-1497
TITLE	D <input type="checkbox"/> DELETE
NAME	PETERSEN, ROBERT A
STREET ADDRESS	1660 MEDICAL BLVD, STE 300
CITY-ST-ZIP	NAPLES FL 34110-1497
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Petersen 1/4/99 (941) 513-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)