

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063631

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: J. HEITMANN, M.D. AND R. PETERSEN, M.D., P.A.

## Current Principal Place of Business:

1660 MEDICAL BLVD  
STE 300  
NAPLES, FL 34110497 US

## New Principal Place of Business:

## Current Mailing Address:

1660 MEDICAL BLVD  
STE 300  
NAPLES, FL 341101487 US

## New Mailing Address:

FEI Number: 59-3458388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERSON, ROBERT A MD  
1660 MEDICAL BLVD  
SUITE 300  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

HEITMANN, JEFFREY A MD  
1660 MEDICAL BLVD  
SUITE 300  
NAPLES, FL 34120 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: JEFFREY A. HEITMANN

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HEITMANN, JEFFREY A  
Address: 1660 MEDICAL BLVD, STE 300  
City-St-Zip: NAPLES, FL 341101497

Title: VP (X) Delete  
Name: PETERSEN, ROBERT A  
Address: 1660 MEDICAL BLVD, STE 300  
City-St-Zip: NAPLES, FL 341101497

Title: SECY (X) Delete  
Name: FLOREANI, MICHON M  
Address: 1660 MEDICAL BLVD SUITE 300  
City-St-Zip: NAPLES, FL 341101497

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFFREY A. HEITMANN

PRES

01/16/2006

Electronic Signature of Signing Officer or Director

Date