


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 22 AM 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
DOCUMENT # P98000054349 1. Corporation Name DAVID R. HEIMAN, M.D., P.A.																									
Principal Place of Business 4224 W. TAMPANIA AVENUE TAMPA FL 33607		Mailing Address 4224 W. TAMPANIA AVENUE TAMPA FL 33607		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1998 4. FEI Number 59-3517262 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 6. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
2. Principal Place of Business		2a. Mailing Address																							
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.																							
22. City & State		27. City & State																							
23. Zip		28. Zip		29. Country																					
24. Country		25. Country		30. Country																					
9. Name and Address of Current Registered Agent HEIMAN, DAVID R 4224 W. TAMPANIA AVENUE TAMPA FL 33607				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. 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																									
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																									
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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; 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, changed, upon an attachment with an address, with all other like empowered.

SIGNATURE DAVID R. HEIMAN, M.D. PRESIDENT 1/29/99 813-877-3913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)