I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: WILLIAM W SEARS

Entity Name: HERITAGE MEDICAL PARK OFFICE-OWNERS ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

6160 N. DAVIS HWY. SUITE 7 PENSACOLA, FL 32504

Current Mailing Address:

6160 N. DAVIS HWY. SUITE 7 PENSACOLA, FL 32504

FEI Number: 59-3191724

Name and Address of Current Registered Agent:

SEARS, WILLIAM W. 6160 N. DAVIS HWY. SUITE 7 PENSACOLA, FL 32504 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: | WILLIAM W | SEARS |
|------------|-----------|-------|
| | | |

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | т |
|-----------------|------------------------|
| Name | SEARS, WILLIAM W |
| Address | 6160 N DAVIS HWY STE 7 |
| City-State-Zip: | PENSACOLA FL 32504 |

| FILED |
|--------------------|
| Feb 02, 2024 |
| Secretary of State |
| 7569656716CC |
| |

02/02/2024 Date

Certificate of Status Desired: No

02/02/2024