

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02695

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**0178203080CC**

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

**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**

**Certificate of Status Desired: No**

**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

01/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

*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.*

**SIGNATURE:** WILLIAM SEARS

**TREASURER**

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date