

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008451

Entity Name: HEEKIN INSTITUTE FOR ORTHOPEDIC RESEARCH, INC.

Current Principal Place of Business:

2627 RIVERSIDE AVENUE
3RD FLOOR
JACKSONVILLE, FL 32204

Current Mailing Address:

2627 RIVERSIDE AVENUE
3RD FLOOR
JACKSONVILLE, FL 32204

FEI Number: 80-0639717

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEEKIN, CLAIRE B
2627 RIVERSIDE AVE.
3RD FLOOR
JACKSONVILLE, FL 32204 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFR
Name HEEKIN, R. DAVID M.D.
Address 2627 RIVERSIDE AVENUE, 3RD
 FLOOR
City-State-Zip: JACKSONVILLE FL 32204

Title OFCR
Name DUFFY, GAVAN PM.D.
Address 2627 RIVERSIDE AVENUE, 3RD
 FLOOR
City-State-Zip: JACKSONVILLE FL 32204

Title OFCR
Name HEEKIN, CLAIRE B
Address 2627 RIVERSIDE AVENUE, 3RD
 FLOOR
City-State-Zip: JACKSONVILLE FL 32204

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: R. DAVID HEEKIN

PRES

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date