

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008451

**Entity Name:** HEEKIN INSTITUTE FOR ORTHOPEDIC RESEARCH, INC.

**Current Principal Place of Business:**

2 SHIRCLIFF WAY  
SUITE 605  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2 SHIRCLIFF WAY  
SUITE 605  
JACKSONVILLE, FL 32204 US

**FEI Number:** 80-0639717

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HEEKIN, CLAIRE B  
2 SHIRCLIFF WAY  
SUITE 605  
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            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:** CLAIRE HEEKIN

**MGMBR**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date