

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000063631

**Entity Name:** JEFFREY A. HEITMANN, M.D., P.A.

**Current Principal Place of Business:**

1660 MEDICAL BLVD  
STE 300  
NAPLES, FL 34110

**Current Mailing Address:**

1660 MEDICAL BLVD  
STE 300  
NAPLES, FL 34110-1487 US

**FEI Number:** 59-3458388

**Certificate of Status Desired:** No

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

HEITMANN, JEFFREY AMD  
1660 MEDICAL BLVD  
SUITE 300  
NAPLES, FL 34120 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            PRES  
Name            HEITMANN, JEFFREY A  
Address        1660 MEDICAL BLVD, STE 300  
City-State-Zip: NAPLES FL 34110-1497

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

**SIGNATURE:** JEFFREY A. HEITMANN

**PRESIDENT**

**02/02/2013**

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

\_\_\_\_\_  
Date