


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ FILED
Apr 05, 2004 8:00 am
Secretary of State

03-17-2004 90276 020 ****50.00

DOCUMENT # L02000000916					
1. Entity Name HEARTLAND QUALITY ANESTHESIA PROFESSIONALS, LLC					
Principal Place of Business 4200 SUN N LAKE BLVD. SEBRING, FL 33872			Mailing Address 1390 LAKE JOSEPHINE DR. SEBRING, FL 33875-6410		
2. Principal Place of Business Florida Hospital Heartland			3. Mailing Address		
Suite, Apt. #, etc. Medical Center			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUGG, JOSEPH W. 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Nancy W. High</i></u> DATE <u>3-8-04</u>					
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGH, NANCY WMD 11751 TAYLOR ROAD THONOTOSASSA, FL 33592	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner High Nancy W. MD 1390 Lake Josephine Drive Sebring FL 33875-6410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Nancy W. High</i></u>				3-28-04 863-402-5357	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	