

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000916

FILED
Jan 10, 2005
Secretary of State

Entity Name: HEARTLAND QUALITY ANESTHESIA PROFESSIONALS, LLC

Current Principal Place of Business:

FLORIDA HOSPITAL HEARTLAND MED. CENTER
4200 SUN N LAKE BLVD.
SEBRING, FL 33872

New Principal Place of Business:

FLORIDA HOSPITAL HEARTLAND MED. CENTER
4200 SUN N LAKE BLVD.
SEBRING, FL 338719400

Current Mailing Address:

1390 LAKE JOSEPHINE DR.
SEBRING, FL 338756410

New Mailing Address:

FEI Number: 01-0572155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUGG, JOSEPH W
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRP () Delete
Name: HIGH, NANCY W MD
Address: 1390 LAKE JOSEPHINE DRIVE
City-St-Zip: SEBRING, FL 338756410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HIGH, NANCY W MD
Address: 1390 LAKE JOSEPHINE DRIVE
City-St-Zip: SEBRING, FL 338756410

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NANCY WALDENMAIER HIGH

MGRM

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date