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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000916

1. Entity Name
HEARTLAND QUALITY ANESTHESIA PROFESSIONALS, LLC

Principal Place of Business	Mailing Address
FLORIDA HOSPITAL HEARTLAND MED. CENTER 4200 SUN N LAKE BLVD. SEBRING, FL 33871-9400	1390 LAKE JOSEPHINE DR. SEBRING, FL 33875-6410

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0572155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HIGH, NANCY W MD 1390 LAKE JOSEPHINE DRIVE SEBRING, FL 338756410 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ERBAUGH, DUANE L MD 18825 GUNN HWY ODESSA, FL 33556 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M GONZALEZ, CARLOS J MD ~~1680 TALL PINES~~ SEBRING, FL 33875 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nancy High ☐ Delete GAVE AUTHORIZATION BY PHONE TO CORRECT Mgrm/mgr	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DATE 4/20/06 DOC EXAM ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4/20

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nancy W. High 1-18-06 863-402-5357
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Deletions made 4-5-06
Nancy High