
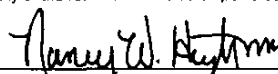


FILED  
Apr 23, 2007 8:00 am  
Secretary of State

04-23-2007 90376 045 \*\*\*150.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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<b>DOCUMENT # L02000000916</b>					
<b>1. Entity Name</b> HEARTLAND QUALITY ANESTHESIA PROFESSIONALS, LLC					
<b>Principal Place of Business</b> FLORIDA HOSPITAL HEARTLAND MED. CENTER 4200 SUN N LAKE BLVD. SEBRING, FL 33871-9400			<b>Mailing Address</b> 1390 LAKE JOSEPHINE DR. SEBRING, FL 33875-6410		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03272007 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> 01-0572155				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGH, NANCY W MD 1390 LAKE JOSEPHINE DRIVE SEBRING, FL 338756410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		
<b>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.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					