

APR 27 09:11 PM FROM

T-747 001/001-818

L020000000916

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000116077 3)))



H070001160773ABCs

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : AKERMAN SENTERFITT - TAMPA
Account Number : I20000000249
Phone : (813)223-7333
Fax Number : (813)223-2837

LS

REGISTERED AGENT CHANGE

HEARTLAND QUALITY ANESTHESIA PROFESSIONALS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

RECEIVED
27 APR 27 AM 9:00
DIVISION OF CORPORATIONS

2007 APR 27 AM 10:39
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

((H07000116077 3)))

APR 27 03:11PM FROM

T-747 P.002/002 F-818

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT BOTH FOR LIMITED LIABILITY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the limited liability company is: Heartland Quality Anesthesia Professionals, LL
- 2. The mailing address of the limited liability company is: 1390 Lake Josephina Dr.
FL 33875-6410

- 3. Date of filing/registration in Florida: 01/11/2002
- 4. Document number: L0200000916

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joseph W. Rugg
Name
100 S. Ashley Drive, Suite 1500
Address
Tampa, Florida 33602
City, State and Zip

6. The name and address of the new registered agent and/or office:

American Information Services, Inc.
Name
401 East Jackson Street, Suite 1700
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33602
City, State and Zip

FILED
 2007 APR 27 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nancy W. High
(Signature of member or authorized representative of a member)

Nancy W. High, M.D.
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bernard Crans, Asst. Secretary
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00