

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000916

**FILED**  
**Jan 05, 2010**  
**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 338719400 US

**New Principal Place of Business:**

**Current Mailing Address:**

1390 LAKE JOSEPHINE DR.  
SEBRING, FL 338756410 US

**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:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

NANCY W. HIGH  
1390 LAKE JOSEPHINE DR  
SEBRING, FL 33875 US

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: NANCY W. HIGH

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HIGH, NANCY W MD  
Address: 1390 LAKE JOSEPHINE DRIVE  
City-St-Zip: SEBRING, FL 338756410 US

I hereby 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 W HIGH

MGRM

01/05/2010

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