

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000916

**FILED**  
**Feb 05, 2011**  
**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:**

HIGH, NANCY W M.D.  
1390 LAKE JOSEPHINE DR  
SEBRING, FL 33875 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/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

02/05/2011

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