

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 14, 2012
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

03/14/2012

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