2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200000916

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

1. Entity Name

HEARTLAND QUALITY ANESTHESIA PROFESSIONALS, LLC



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90056 001 ****55.00

Principal Plac	e of Business		Mailing Address								
11751 TAYLOR ROAD THONOTOSASSA FL 33592		11751 TAYLOR ROAD THONOTOSASSA FL 33592									
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2. Principal P	lace of Business		3. Mailing Address			-					
41200 SUNN LAKE BLUD		1390 LAKE JOSEPHINE AR			(100)		EBIN BBN BBN B	EB## 36 ## BB			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		-111100-41		CHECK	HERE IF MA	AKING CH	IANGES	
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77817	S Name and Ad	15H LANAS	33875-6410 Registered Agent	با H	HUANDY -	. <u> </u>			, Fee	Require	od
	6. Name and Ad	aress of Current	Hegistered Agent		Name	7. Name a	nd Address of	New Regist	ered Ager	nt	
RUG	ig, Joseph W				TALINO						
100	S. ASHLEY DRIVE				Street Address (P.O. Box Num	ber is Not Acc	eptable)			
	E 1500			}			- •				
TAM	PA FL 33602										
			•	Ī	City				FL	Zip Cod	е
8. The above	named entity submit	s this statement fo	the purpose of changing its	registere	d office or register	ad agent or h	oth is the Cto	to of Florida		line salah	
the obligati	ons of registered age	ent.	are perpede or changing no	registere	a office of register	eu agent, or t	our, in the sta	ie oi Fiorida.	i ani ianii	iai witii,	ано ассері
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SIGNATURE _	Signature, typed or printed n	ame of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)			DATE		
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