

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90076 030 ***138.75

60041421



02122008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000049381 1. Entity Name HEARTLAND HEALTHCARE, LLC																													
Principal Place of Business 201 US 27TH SOUTH SEBRING, FL 33870 US			Mailing Address 201 US 27TH SOUTH SEBRING, FL 33870 US																										
2. Principal Place of Business - No P.O. Box # 13 Ryant Blvd		3. Mailing Address 13 Ryant Blvd																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Sebring, FL		City & State Sebring, FL		4. FEI Number 20-4868912																									
Zip 33872		Country		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent WALDRON, D KEATLEY 5900 FIG RD. SEBRING, FL 33875			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4015 Stiles Lane City Sebring FL Zip Code 33875																										
8. 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. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALDRON, D KEATLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5900 FIG RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SEBRING, FL 3875</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGR</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WALDRON, D KEATLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4015 Stiles Lane</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Sebring, FL 33875</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	WALDRON, D KEATLEY		STREET ADDRESS	5900 FIG RD		CITY - ST - ZIP	SEBRING, FL 3875		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WALDRON, D KEATLEY		STREET ADDRESS	4015 Stiles Lane		CITY - ST - ZIP	Sebring, FL 33875	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Kim Waldron</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>																													
<small>Date Daytime Phone #</small>																													