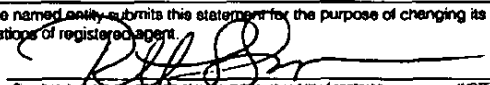
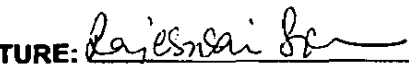


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-24-2008 90018 039 ***143.75

DOCUMENT # L06000057237					
1. Entity Name HEARTLAND PEDIATRICS OF LAKE WALES, L.L.C.					
Principal Place of Business 1356 STATE ROAD 60 EAST LAKE WALES, FL 33853			Mailing Address 1356 STATE ROAD 60 EAST LAKE WALES, FL 33853		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0737449	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Swaine, Robert S. Street Address (P.O. Box Number is Not Acceptable) 425 South Commerce Avenue City Sebring FL Zip Code 33870		
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 			Robert S. Swaine April 9th, 2008 DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Delete SONNI, RAJESWARI MD 2921 LAKEVIEW DR SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Delete SERTHARAMIAH, PRAKASH 2100 SUNRISE DR SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  RAJESWARI SONNI, M.D. 04.03.08 (883)452-0566 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					