2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# L07000006184

Entity Name: HEARTLAND HEALTHPARTNERS LLC

Current Principal Place of Business:

2610 PINEWOOD BLVD
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2610 PINEWOOD BLVD
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-8246165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLORFINO, ALLEINE B
515 S.E. 17TH AVENUE
CAPE CORAL, FL 33990 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 ( ) Delete
Name: ALABE, ED J
Address: 2610 PINEWOOD BLVD
City-St-Zip: SEBRING, FL 33870

Title: MBR ( ) Delete
Name: ALABE, DESIREE B
Address: 2610 PINEWOOD BLVD.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: ALABE, DESIREE B
Address: 2610 PINEWOOD BLVD.
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ED J ALABE MGRM 02/15/2008

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