

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079523

FILED
Mar 24, 2009
Secretary of State

Entity Name: HEARTLAND ANESTHESIA, LLC

Current Principal Place of Business:

7600 RED ROAD
212
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7600 RED ROAD
212
MIAMI, FL 33143

New Mailing Address:

FEI Number: 26-0637945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAINE, ROBERT S
425 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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: MOGIN, ANTOINE M.D.
Address: 7600 RED ROAD, STE. 212
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: RIVABEM, FERNANDO M.D.
Address: 7600 RED ROAD, STE. 212
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: HADDAD, JUAN M M.D.
Address: 7600 RED ROAD, STE. 212
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES:

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

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

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

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: FERNANDO RIVABEM

MGRM

03/24/2009

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