


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000064538	
1. Entity Name HERITAGE HEALTHCARE MANAGEMENT, INC.	

Principal Place of Business 7900 NOVA DRIVE SUITE 201 DAVIE, FL 33324	Mailing Address 7900 NOVA DRIVE SUITE 201 DAVIE, FL 33324
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1116763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODRIGUEZ, DAVID A 7900 NOVA DRIVE SUITE 201 DAVIE, FL 33324
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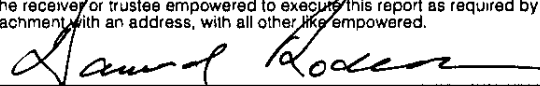
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U00000579800 01/10/07-30021-017 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, CONNIE L 7900 NOVA DRIVE, SUITE 201 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEMPER, KIMBERLY A 7900 NOVA DRIVE, SUITE 201 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, DAVID A 7900 NOVA DRIVE, SUITE 201 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, STEVEN S 7900 NOVA DRIVE, SUITE 201 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-5-07 <small>Daytime Phone #</small>