

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064538

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** HERITAGE HEALTHCARE MANAGEMENT, INC.

**Current Principal Place of Business:**

7900 NOVA DRIVE  
SUITE 201  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

7900 NOVA DRIVE  
SUITE 201  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:** 65-1116763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, DAVID A  
7900 NOVA DRIVE  
SUITE 201  
DAVIE, FL 33324 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RODRIGUEZ, CONNIE L  
**Address:** 7900 NOVA DRIVE, SUITE 201  
**City-St-Zip:** DAVIE, FL 33324 US

**Title:** V  
**Name:** KEMPER, KIMBERLY A  
**Address:** 7900 NOVA DRIVE, SUITE 201  
**City-St-Zip:** DAVIE, FL 33324 US

**Title:** S  
**Name:** RODRIGUEZ, DAVID A  
**Address:** 7900 NOVA DRIVE, SUITE 201  
**City-St-Zip:** DAVIE, FL 33324 US

**Title:** T  
**Name:** RODRIGUEZ, STEVEN S  
**Address:** 7900 NOVA DRIVE, SUITE 201  
**City-St-Zip:** DAVIE, FL 33324 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** STEVEN RODRIGUEZ

CFO

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date