2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P02000070523

Entity Name: HEARTLAND WOMEN'S HEALTH CENTER, P.A.

Current Principal Place of Business:

4325 SUN N. LAKE BLVD, SUITE 102
SEBRING, FL 33872

New Principal Place of Business:

3140 NW MEDICAL CENTER LANE
SUITE 180
LAKE CITY, FL 32055

Current Mailing Address:

PO BOX 7516
SEBRING, FL 33872

New Mailing Address:

3008 MANOR DR
SEBRING, FL 33872

FEI Number: 01-0718356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OYOLA, FELIX
3008 MANOR DR.
SEBRING, FL 33872 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: D ( ) Delete
Name: OYOLA, FELIX
Address: 3008 MANOR DR.
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FELIX D. OYOLA D 04/30/2005

Electronic Signature of Signing Officer or Director — Date