

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014330

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** HEARTLAND SURGICAL ASSISTANTS, INC.

**Current Principal Place of Business:**

3922 WESTMINSTER RD  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

3922 WESTMINSTER RD  
SEBRING, FL 33875

**New Mailing Address:**

**FEI Number:** 83-0349183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLISLE, KEVIN K  
3922 WESTMINSTER RD  
SEBRING, FL 33875 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARLISLE, KEVIN K  
Address: 3922 WESTMINSTER RD  
City-St-Zip: SEBRING, FL 33875

Title: VP  
Name: CARLISLE, JOHANNA G  
Address: 3922 WESTMINSTER RD  
City-St-Zip: SEBRING, FL 33875

Title: T  
Name: CARLISLE, KEVIN K  
Address: 3922 WESTMINSTER RD  
City-St-Zip: SEBRING, FL 33875

Title: SEC  
Name: CARLISLE, JOHANNA G  
Address: 3922 WESTMINSTER RD  
City-St-Zip: SEBRING, FL 33875

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: JOHANNA G CARLISLE

VP

04/23/2012

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

\_\_\_\_\_  
Date