

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083884

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** HEARTLAND MEDICINE, P.A.

**Current Principal Place of Business:**

1005 WEST CIRCLE STREET  
AVON PARK, FL 33825

**New Principal Place of Business:**

4621 MYRTLE BEACH DRIVE  
SEBRING, FL 33872

**Current Mailing Address:**

4621 MYRTLE BEACH DR.  
SEBRING, FL 33872

**New Mailing Address:**

4621 MYRTLE BEACH DRIVE  
SEBRING, FL 33872

**FEI Number:** 34-1997372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SACHDEV, SHILPA  
4621 MYRTLE BEACH 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: MD  
Name: SACHDEV, SHILPA  
Address: 4621 MYRTLE BEACH DR  
City-St-Zip: SEBRING, FL 33872

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: SHILPA SACHDEV

PRES

01/11/2010

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

\_\_\_\_\_ Date