

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90233 047 \*\*\*150.00

<b>DOCUMENT # P05000072386</b>					
<b>1. Entity Name</b> HEARTLAND QUALITY PAIN MEDICINE PROFESSIONALS, INC.					
<b>Principal Place of Business</b> DEPARTMENT OF ANESTHESIOLOGY 4200 SUN 'N LAKE BOULEVARD SEBRING, FL 33871-9400			<b>Mailing Address</b> DEPARTMENT OF ANESTHESIOLOGY 4200 SUN 'N LAKE BOULEVARD SEBRING, FL 33871-9400		
<b>2. Principal Place of Business</b> 3704 Emergency Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3704 Emergency Lane Suite, Apt. #, etc.			
<b>City &amp; State</b> Sebring FL		<b>City &amp; State</b> Sebring FL		<b>4. FEI Number</b> 20-2880750	
<b>Zip</b> 33870		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  JOSEPH W. N. RUGG 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGH, NANCY M.D. <input type="checkbox"/> Delete 4200 SUN 'N LAKE BLVD. SEBRING, FL 33871-9400		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Lake Josephine Drive Sebring FL 33875-6410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			1-18-06 863-402-0090		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		