2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# P05000072386

Entity Name: HEARTLAND QUALITY PAIN MEDICINE PROFESSIONALS, INC.

Current Principal Place of Business:

3704 EMERGENCY LANE
SEBRING, FL 33870

New Principal Place of Business:

4200 SUN N' LAKE BOULEVARD
SEBRING, FL 33871 US

Current Mailing Address:

1390 LAKE JOSEPHINE DRIVE
SEBRING, FL 338756410

New Mailing Address:

FEI Number: 20-2880750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: HIGH, NANCY M.D.
Address: 1390 LAKE JOSEPHINE DR
City-St-Zip: SEBRING, FL 338756410

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 exemption stated 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 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: NANCY W. HIGH, MD PRES 04/11/2008

Electronic Signature of Signing Officer or Director Date