

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072386

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** HEARTLAND QUALITY PAIN MEDICINE PROFESSIONALS, INC.

**Current Principal Place of Business:**

4200 SUN N' LAKE BOULEVARD  
SEBRING, FL 33871 US

**New Principal Place of Business:**

**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:**

HIGH, NANCY W MD  
1390 LAKE JOSEPHINE DR  
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: DR.  
Name: HIGH, NANCY MD  
Address: 1390 LAKE JOSEPHINE DR  
City-St-Zip: SEBRING, FL 338756410

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: NANCY W HIGH

DR

02/05/2011

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

\_\_\_\_\_ Date