

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000016463

1. Entity Name
**HEARTLAND PEDIATRICS ASSOCIATION OF
WAUCHULA, P.A.**



Principal Place of Business

**1125 S. 6TH AVE.
WAUCHULA, FL 33873**

Mailing Address

**1125 S. 6TH AVE.
WAUCHULA, FL 33873**

DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0467720

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

U000000917800
05/13/08-80055-009 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SONNI, RAJESWARI M.D.
1125 S. 6TH AVE.
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MANIK, APURBA M.D.
1125 SOUTH 6TH AVE
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Rajeswari Sonni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAJESWARI SONNI, M.D.

Date

04/23/08

Daytime Phone #

(863) 452-0566