


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000022527	
1. Entity Name HEARTLAND PEDIATRICS OF LAKE WALES, P.A.	

Principal Place of Business 1356 STATE ROAD 60 E LAKE WALES, FL 33853	Mailing Address 1356 STATE ROAD 60 E LAKE WALES, FL 33853
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03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0737449	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JAMES F. MCCOLLUM, P.A.
129 SOUTH COMMERCE AVE
SEABRING, FL 33870-3698**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONNI, RAJESWARI 2523 U.S. 27 SOUTH, SUITE 208 AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/14/05-80109-025 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **RAJESWARI SONNI M.D.** 03-23-05 (863) 452-0560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #