

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 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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03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0737449	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAMES F. MCCOLLUM, P.A. 129 SOUTH COMMERCE AVE SEABRING, FL 33870-3693

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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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03/23/06-80010-001 158.75

**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 RAJESWARI SONNI, M.D. 03/08/06 (863) 452-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #