

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38556

FILED
Apr 20, 2009
Secretary of State

Entity Name: HERITAGE MEDICAL SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

3660 GRANDVIEW PARKWAY
SUITE 200
BIRMINGHAM, AL 35243 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 380546
BIRMINGHAM, AL 35238 US

New Mailing Address:

FEI Number: 62-1459038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: CPD () Delete
Name: GRINNEY, JAY
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

Title: VSD () Delete
Name: WHITTINGTON, JOHN P
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

Title: VDT () Delete
Name: WORKMAN, JOHN
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

Title: V () Delete
Name: MCANDREWS, JAMES P III
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

Title: AS () Delete
Name: LECKY, DONNA M
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: TARR, MARK
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WORKMAN, JOHN
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: FAY, EDMUND
Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243

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: DONNA M. LECKY

AS

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date