


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # V56816</b> 1. Entity Name HEARTLAND PEDIATRIC ASSOCIATES, P.A.	
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Principal Place of Business 2523 US HWY 27 SOUTH STE 100 AVON PARK, FL 33825 US	Mailing Address 2523 US HWY 27 SOUTH STE 100 AVON PARK, FL 33825 US
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**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0353511	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000917811 05/13/08-80055-011 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SONNI, RAJESWARI 2523 US HWY 27 S STE 100 AVON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DESHPANDE M.D., NAVIN 2523 US 27 S #100 AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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. 04/23/08 (863) 452-1818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
04-03-08