

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56816

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: HEARTLAND PEDIATRIC ASSOCIATES, P.A.

## Current Principal Place of Business:

2523 US HWY 27 SOUTH  
STE 100  
AVON PARK, FL 33825 US

## New Principal Place of Business:

## Current Mailing Address:

2523 US HWY 27 SOUTH  
STE 100  
AVON PARK, FL 33825 US

## New Mailing Address:

FEI Number: 65-0353511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SWAINE, ROBERT S  
425 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

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: ROBERT S. SWAINE

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SONNI, RAJESWARI,  
Address: 2523 US HWY 27 S STE 100  
City-St-Zip: AVON PARK, FL

Title: P ( ) Delete  
Name: DESHPANDE M.D., NAVIN  
Address: 2523 US 27 S #100  
City-St-Zip: AVON PARK, FL 33825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DESHPANDE, NAVIN  
Address: 2523 US HWY 27 S STE 100  
City-St-Zip: AVON PARK, FL 33825

Title: S (X) Change ( ) Addition  
Name: DESHPANDE, SUNITA  
Address: 2523 US HWY 27 S STE100  
City-St-Zip: AVON PARK, FL 33825

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: NAVIN DESHPANDE

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date