

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005822**

1. Entity Name

HIGHLANDS PROFESSIONAL CENTER MANAGEMENT ASSOCIA

Principal Place of Business

3233 SW 33RD RD.
STE. #201
OCALA FL 34474-7459
US

Mailing Address

P.O. BOX 367
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0768749

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**PALMER, WHITFIELD M JR.
3233 SW 33RD RD, STE. #201
OCALA FL 34474**7. Name and Address of New Registered Agent**

Name

Steve Foster

Street Address (P.O. Box Number is Not Acceptable)

1212 Northeast 36th Avenue

City

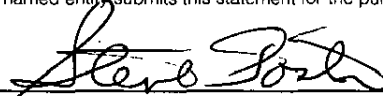
Ocala

FL

Zip Code
34470

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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 31, 2001

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE PD ☒ Delete
NAME PALMER, WHITFIELD M JR.
STREET ADDRESS 3233 SW 33RD RD., STE 201
CITY-ST-ZIP Ocala FL 34474TITLE STD ☒ Delete
NAME GLANZER, DOROTHY
STREET ADDRESS 3233 SW 33RD RD., STE #201
CITY-ST-ZIP Ocala FL 34474TITLE D ☒ Delete
NAME BEVIS, PATRICIA A
STREET ADDRESS 3233 SW 33RD RD., STE. #201
CITY-ST-ZIP Ocala FL 34474TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE President, Secretary, Director ☐ Change ☒ Addition
NAME Steve Foster
STREET ADDRESS 1212 Northeast 36th Avenue
CITY-ST-ZIP Ocala, Florida 34470TITLE Director ☐ Change ☒ Addition
NAME Tina Chandra, D.D.S.
STREET ADDRESS 3233 Southwest 33rd Road, Suite 302
CITY-ST-ZIP Ocala, Florida 34474TITLE Director ☐ Change ☒ Addition
NAME Michael P. Holloway
STREET ADDRESS 4241 Southwest Sixth Avenue
CITY-ST-ZIP Ocala, Florida 34474TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 2001

352-732-9632

Date

Daytime Phone #

00013089



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)