

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005822

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** HIGHLANDS PROFESSIONAL CENTER MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

3233 SW 33RD RD.  
STE. #201  
OCALA, FL 344747459 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AUTUMN PROPERTIES LLC  
2143 E FORT KING STREET, STE 104  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 65-0768749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUTUMN PROPERTIES LLC  
2143 E FORT KING STREET  
104  
OCALA, FL 34470 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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: FOSTER, MARK  
Address: 2603 SE 17TH STREET, SUITE A  
City-St-Zip: OCALA, FL 34471

Title: TD  
Name: HUQ, NASIRUL MD  
Address: 3233 SW 33RD ROAD, SUITE 302  
City-St-Zip: OCALA, FL 34474

Title: PD  
Name: HOLLOWAY, MICHAEL  
Address: 8440 SE 16TH TERRACE  
City-St-Zip: OCALA, FL 34480

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL HOLLOWAY

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04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date