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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90185 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000073689**

1. Corporation Name
HIGHLANDS OB-GYN ASSOCIATES, INC.

Principal Place of Business
**3589 SOUTH HIGHLANDS AVENUE
 SEBRING FL 33870**

Mailing Address
**3589 SOUTH HIGHLANDS AVENUE
 SEBRING FL 33870**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number
65-0699014

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAUFMAN, DANA M
 11900 BISCAYNE BOULEVARD
 MIAMI FL 33181**

81 Name **Kaufman, Dana M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
4700 Sheridan St.
 83 **Bldg. N**
 84 City **Hollywood** FL 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **DANA M. KAUFMAN**

DATE **4/28/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D PIETRO, PAUL A.**
 STREET ADDRESS **6900 MATANZAS DRIVE**
 CITY-ST-ZIP **SEBRING FL 33872**

1.1 TITLE Change Addition
 1.2 NAME **D PIETRO, PAUL A.**
 1.3 STREET ADDRESS **409 S E LAKEVIEW DR.**
 1.4 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE DELETE
 NAME **D OLIVA, JOHN F M.D.**
 STREET ADDRESS **3246 WYNSTONE COURT**
 CITY-ST-ZIP **SEBRING FL 33872**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**

DATE **4/28/99**

DAYTIME PHONE # **941-471-3500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)

05/1/24