FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90751 026 ***150.00

DOCUMENT # 393465

1. Entity Name
WAKULLA HIGHLANDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
802 St. George's Road	802 St. George's Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Baltimore, MD	City & State: Baltimore, MD
Zip: 21210 Country:	Zip: 21210 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1426267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ausley, Margaret B.

Street Address (P.O. Box Number is Not Acceptable): Ausley + McMullen

227 South Calhoun Street

City: Tallahassee, FL Zip Code: 32302

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Griffith, L.S. M.D.
STREET ADDRESS	802 St. George's Road
CITY-ST-ZIP	Baltimore, MD 21210
TITLE	Vice President
NAME	Ackerman, Mell Laird
STREET ADDRESS	869 Whittier Road
CITY-ST-ZIP	Grosse Point Park, MI
TITLE	Treasurer
NAME	Laird, Nan
STREET ADDRESS	156 Hancock Street
CITY-ST-ZIP	Cambridge, MA 02139
TITLE	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another like empowered.

SIGNATURE: Lawrence S. Griffith, M.D. April 3, 2003 410-955-6173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lawrence S. Griffith, M.D.