FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:10

DOCUMENT # 700396 (5)

1. Corporation Name
HIGHLANDS COUNTY MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
604 S CHRISTY JO DR PO BOX 310 AVON PARK FL 33825 US	604 S CHRISTY JO DR PO BOX 310 AVON PARK FL 33825 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7026260 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No Owe $0.00

2. Principal Place of Business (21)
2a. Mailing Address (25)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) 1 Country (30)

9. Name and Address of Current Registered Agent

PAHK, KYE C
6801 US 27 N, STE C-2
SEBRING, FL
33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
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	STD	1.1 TITLE	STD ☑ Change ☐ Addition
NAME	ROQUIZ, PLACIDO M	1.2 NAME	Carmelita B. Lim, M.D.
STREET ADDRESS	6801 US 27 N	1.3 STREET ADDRESS	1200 W. Avon Blvd.
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	PD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	MARIANO A. NABONG, JR. M	2.2 NAME	Placido M. Roquiz, M.D.
STREET ADDRESS	2224 N. PONDEROSA ROAD	2.3 STREET ADDRESS	6801 U.S. 27 N.
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	VD	3.1 TITLE	PD ☑ Change ☐ Addition
NAME	GABRIEL A. PULIDO, M.D.	3.2 NAME	
STREET ADDRESS	4116 MEDINA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Gabriel A. Pulido, M.D. 1/16/95 813-471-5803
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097834