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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700396** (5)

1. Corporation Name

HIGHLANDS COUNTY MEDICAL SOCIETY, INC.



Principal Place of Business 604 S CHRISTY JO DR PO BOX 310 AVON PARK FL 33825 US	Mailing Address 604 S CHRISTY JO DR PO BOX 310 AVON PARK FL 33825 US
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3. Date Incorporated or Qualified
02/05/1968

4. FEI Number
23-7026260

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fess**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No **0.00**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIM, CARMELITA B. M 1200 W. AVON BLVD. AVON PARK FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PENA, LUIS M MD 1753 US HIGHWAY 27 N AVON PARK FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, KEVIN K. MD 3435 S HIGHLANDS AVE SEBRING FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	STD Burke L. Jackson, m.d. 4343 Sun'n Lake Blvd, Suite C Sebring, FL 33872 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kevin K. Lee, m.d.** 1/12/98 941-382-0909

CR2E037 (10/97)