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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700396

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/05/1968
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7026260
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	STD
NAME	JACKSON, BURKE L. M.D.	1.2 NAME	D. M. Upadhyaya, M.D.
STREET ADDRESS	4343 SUN'N LAKE BLVD. SUITE C	1.3 STREET ADDRESS	6801 U.S. 27 N, Suite A-1
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	VD	2.1 TITLE	PD
NAME	PENA, LUIS M MD	2.2 NAME	
STREET ADDRESS	1753 US HIGHWAY 27 N	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	VD
NAME	LEE, KEVIN K. MD	3.2 NAME	Rulx Ganthier, Jr., M.D.
STREET ADDRESS	3435 S HIGHLANDS AVE	3.3 STREET ADDRESS	3429 S. Highlands Ave.
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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 REQUIRED

Luis M. Pena, MD 2/15/99

941-453-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)