2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

01-26-2004 90014 045 ****61.25

DOCUMENT # 700396 1. Entity Name HIGHLANDS COUNTY MEDICAL SOCIETY, INC.					01-26-200	04 90014 045 *** *	61.25	
PO BOX 310 PO BOX 310 AVON PARK, FL 33825 US AVON PARK, FL 3		604 S CHRISTY JO DR	US					
2. Principal Place of Business DOX 310 Suite, Apt. #, etc.		3. Mailing Address 10 100X 310 Suite, Apt. #, etc.			01092004 Chg-NP CR2E037 (10/03)			
City & State	Park #1	ACity & State Park	(F/	4. FEI Number 23-702626		Ap	plied For	
zip 339	Country Country	33826	Country	5. Certificate of S		\$8.75 Add	t Applicable litional	
	6. Name and Address of Current R	egistered Agent	-	7. Name and Add	tress of New R	· · · · · · · · · · · · · · · · · · ·		
PAHK, KYE C 6801 US 27 N, STE C-2 SEBRING, FL 33870			Name Street Address (P.O. Box Number is Not Acceptable)					
GEBRING,	7E 33070		City			7:0-1		
			City			FL Zip Code	₽	
	riamed entity submits this statement for ions of registered agent. ** 90 S1 register* Signature, beed of printed name of registered agent ar			egistered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept	
Filing Fee is \$61.25 9. Election Campa Trust Fund Con								
ir odeti.			aign Financing	\$5.00 May Be		lake check payable to		
10.	Due by May 1, 2004 OFFICERS AND DIRI	Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fļoi	lake check payable to	ate	
	Due by May 1, 2004	Trust Fund Cor	ign Financing	\$5.00 May Be Added to Fees	Fļoi	lake check payable to ida Department of Si	ate	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRI VD GANTHIER, RULX MD 801 US HWY 27 SOUTH	Trust Fund Cor	aign Financing itribution. ITI. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fļoi	lake check payable to ida Department of SI RS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS	OFFICERS AND DIRI VD GANTHIER, RULX MD 801 US HWY 27 SOUTH SEBRING, FL 33870 STP CARRUTHERS, PATRICK A MD 115 MEDICAL CENTER AVE	Trust Fund Cor	aign Financing itribution. III. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fļoi	iake check payable to ida Department of St RS AND DIRECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRI VD GANTHIER, RULX MD 801 US HWY 27 SOUTH SEBRING, FL 33870 STP CARRUTHERS, PATRICK A MD 115 MEDICAL CENTER AVE SEBRING, FL 33870 PD HARTONO-RADA, DINI MD. 4200 SUN 'N LAKE BLVD	Trust Fund Cor	aign Financing iribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFICE	iake check payable to ida Department of Stars AND DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRI VD GANTHIER, RULX MD 801 US HWY 27 SOUTH SEBRING, FL 33870 STP CARRUTHERS, PATRICK A MD 115 MEDICAL CENTER AVE SEBRING, FL 33870 PD HARTONO-RADA, DINI MD. 4200 SUN 'N LAKE BLVD	Trust Fund Cor	aign Financing iribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFICE	iake check payable to ida Department of Stars AND DIRECTORS IN Change	10 Addition Addition	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other-life empowered.

SIGNATURE:

Rulx Canthier, MO 1/19