


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90025 001 ****61.25

DOCUMENT # 700396 1. Entity Name HIGHLANDS COUNTY MEDICAL SOCIETY, INC.					
Principal Place of Business PO BOX 310 AVON PARK, FL 33826 US			Mailing Address PO BOX 310 AVON PARK, FL 33826 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 23-7026260	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAHK, KYE C 6801 US 27 N, STE C-2 SEBRING, FL 33870			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANTHIER, RULX MD 801 US HWY 27 SOUTH SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARRUTHERS, PATRICK A MD 115 MEDICAL CENTER AVE SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROQUIZ, BLACIDO M 6801 US 27 N SEBRING, FL 33870	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D.M. Upadhyaya, M.D. 6801 US 27 N Sebring, FL 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: _____ Placido Roquiz, MD 3-21-05 385-7757 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					