

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700396

FILED
Feb 01, 2009
Secretary of State

Entity Name: HIGHLANDS COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

PO BOX 310
AVON PARK, FL 33826 US

New Principal Place of Business:

604 S. CHRISTY JO DRIVE
AVON PARK, FL 33825 US

Current Mailing Address:

PO BOX 310
AVON PARK, FL 33826 US

New Mailing Address:

FEI Number: 23-7026260 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

UPADHYAYA, D. M MD
6801 US 27 N, STE A-1
SEBRING, FL 33870 US

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.

SIGNATURE: D. M. UPADHYAYA, MD

02/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: AMIT, SHAH I MD
Address: 4420 SUN N LAKE BLVD
City-St-Zip: SEBRING, FL 33872

Title: VD () Delete
Name: PIGMAN, EDWIN C MD
Address: 310 N BONNET CRK RD
City-St-Zip: AVON PARK, FL 33825

Title: PD () Delete
Name: UPADHYAYA, D.M. MD
Address: 6801 US 27 N STE A-1
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PIGMAN, EDWIN C MD
Address: 310 N BONNET CRK RD
City-St-Zip: AVON PARK, FL 33825

Title: VD (X) Change () Addition
Name: FEBRE, ELENA F MD
Address: 4200 SUN 'N LAKE BLVD.
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN C. PIGMAN, MD

PD

02/01/2009

Electronic Signature of Signing Officer or Director

Date