

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700396

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** HIGHLANDS COUNTY MEDICAL SOCIETY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: PD  
Name: PIGMAN, EDWIN C MD  
Address: 3100 N BONNET CRK RD  
City-St-Zip: AVON PARK, FL 33825

Title: VD  
Name: LEE, KEVIN K MD  
Address: 2373 US HWY 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

I hereby 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 all other like empowered.

SIGNATURE: EDWIN C. PIGMAN, MD

PD

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date