2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# J95216

Entity Name: HIGHLANDS SURGICAL ASSOCIATES, INC.

Current Principal Place of Business:

3700 EMERGENCY LANE
SEBRING, FL 33870 US

New Principal Place of Business:

4409 SUN N LAKE BLVD, SUITE C
SEBRING, FL 33872 US

Current Mailing Address:

3700 EMERGENCY LANE
SEBRING, FL 33870 US

New Mailing Address:

4409 SUN N LAKE BLVD, SUITE C
SEBRING, FL 33872 US

FEI Number: 59-2845516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKIPPER, VIRGINIA L
3700 EMERGENCY LANE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

SKIPPER, VIRGINIA L
4409 SUN N LAKE BLVD, SUITE C
SEBRING, FL 33872 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: VIRGINIA L SKIPPER 01/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SKIPPER, S. ALLEN MD
Address: 2470 E. VICTORA LANE
City-St-Zip: AVON PARK, FL 33825

Title: S ( ) Delete
Name: SKIPPER, VIRGINIA L
Address: 2470 E. VICTORA LANE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. ALLEN SKIPPER D 01/22/2007
Electronic Signature of Signing Officer or Director Date