

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000012116

FILED  
Dec 05, 2005  
Secretary of State

**Entity Name:** HIGHLANDS EMERGENCY RECOVERY OPERATION, INC.

**Current Principal Place of Business:**

501 S COMMERCE AVE  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 S COMMERCE AVE  
SEBRING, FL 33870 US

**New Mailing Address:**

P.O. BOX 7816  
SEBRING, FL 33872 US

**FEI Number:** 11-3737691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAYNES, KENNETH R  
501 S COMMERCE AVE  
SEBRING, FL 33870 US

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

BREYLINGER, JANE A  
501 S COMMERCE AVE  
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: JANE A. BREYLINGER

12/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAYNES, KENNETH R  
Address: 501 S COMMERCE AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: VP ( ) Delete  
Name: DEVLIN, PAUL  
Address: 501 S COMMERCE AVE  
City-St-Zip: SEBRING, FL 33870 US

Title: SEC ( ) Delete  
Name: BREYLINGER, JANE  
Address: 501 S COMMERCE AVE  
City-St-Zip: SEBRING, FL 33870 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: BREYLINGER, JANE A  
Address: 2441 W. NAUTILUS RD  
City-St-Zip: AVON PARK, FL 33825 US

Title: P (X) Change ( ) Addition  
Name: DEVLIN, PAUL  
Address: 315 TULANE CIR.  
City-St-Zip: AVON PARK, FL 33825 US

Title: TREA (X) Change ( ) Addition  
Name: GAMMAGE, KAREN  
Address: PO BOX 1035  
City-St-Zip: AVON PARK, FL 33826 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANE BREYLINGER

SEC

12/05/2005

Electronic Signature of Signing Officer or Director

Date