2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012116

FILED May 21, 2007 Secretary of State

Entity Name: HIGHLANDS EMERGENCY RECOVERY OPERATION, INC.

Current Principal Place of Business: New Principal Place of Business: 501 S COMMERCE AVE 155 US 27 NORTH SEBRING, FL 33870 SEBRING, FL 33870 US **Current Mailing Address: New Mailing Address:** P.O. BOX 7816 P.O. BOX 8945 SEBRING, FL 33872 US SEBRING, FL 33872 US FEI Number: 11-3737691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BREYLINGER, JANE A BREYLINGER, JANE A 501 S COMMERCE AVE 2441 NAUTILUS ROAD SEBRING, FL 33870 AVON PARK, FL 33825 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: 05/21/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: SECR () Change () Addition () Delete FOY, MARY À Name: Name: Address: 1804 W DINNER LAKE DRIVE Address: City-St-Zip: SEBRING, FL 33870 US City-St-Zip: Title: () Delete Title: PRES (X) Change () Addition JANE, BREYLINGER A Name: Name: JANE, BREYLINGER A Address: 2441 W NAUTILUS RD Address: 2441 W NAUTILUS RD City-St-Zip: AVON PARK, FL 33825 US City-St-Zip: AVON PARK, FL 33825 US Title: TREA () Delete Title: **TRES** (X) Change () Addition GAMMAGE, KAREN JEFFREY, ROTH L Name: Name: 1000 SOUTH HIGHLANDS AVE. Address: PO BOX 1035 Address: City-St-Zip: AVON PARK, FL 33826 US City-St-Zip: SEBRING, FL 33870 US Title: () Delete Title: () Change (X) Addition Name: Name: SHAREEN, CHILDS P.O. BOX 3860 Address: Address: City-St-Zip: City-St-Zip: SEBRING, FL 33871

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: JEFFREY L. ROTH TRES 05/21/2007