

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012116

FILED
Mar 23, 2008
Secretary of State

Entity Name: HIGHLANDS EMERGENCY RECOVERY OPERATION, INC.

Current Principal Place of Business:

155 US 27 NORTH
SEBRING, FL 33870 US

New Principal Place of Business:

159 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Current Mailing Address:

P.O. BOX 8945
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: 11-3737691 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BREYLINGER, JANE A
2441 NAUTILUS ROAD
AVON PARK, FL 33825 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: SECR () Delete
Name: FOY, MARY A
Address: 1804 W DINNER LAKE DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: PRES () Delete
Name: JANE, BREYLINGER A
Address: 2441 W NAUTILUS RD
City-St-Zip: AVON PARK, FL 33825 US

Title: TRES () Delete
Name: JEFFREY, ROTH L
Address: 1000 SOUTH HIGHLANDS AVE.
City-St-Zip: SEBRING, FL 33870 US

Title: VP () Delete
Name: SHAREEN, CHILDS
Address: P.O. BOX 3860
City-St-Zip: SEBRING, FL 33871

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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

03/23/2008

Electronic Signature of Signing Officer or Director

Date