2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HIGHLAND LAKES MEDICAL CENTER PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

34041 US HWY 19 NORTH
SUITE A
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

34041 US HWY 19 NORTH
SUITE A
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 73-1726495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAUNK, JAWAHAR
34041 US HWY 19 NORTH
SUITE A
PALM HARBOR, FL 34684 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: P
Name: TAUNK, JAWAHAR
Address: 34041 US HWY 19 NORTH, SUITE A
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VP
Name: KORNFELD, STEPHEN
Address: 34041 US HWY 19 SUITE NORTH, SUITE A
City-St-Zip: PALM HARBOR, FL 34684 US

Title: S/T
Name: DRUCKER, JERRY
Address: 34041 US HWY 19 NORTH, SUITE A
City-St-Zip: PALM HARBOR, FL 34684 US

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: JAWAHAR TAUNK P 01/09/2011

Electronic Signature of Signing Officer or Director — Date