

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06227

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** HIGHLANDS REGIONAL MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

3600 SW HIGHLANDS AVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2066  
3600 SW HIGHLANDS AVE  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 59-2568982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RHOADES, CLIFFORD R.  
2141 LAKEVIEW DRIVE  
SEBRING, FL 33870 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: PARKER, RICHARD  
Address: 4335 DUFFER LOOP.  
City-St-Zip: SEBRING, FL 33872

Title: VP  
Name: HALBERT, SANDEE  
Address: 3116 SO PRESTWICK DR.  
City-St-Zip: AVON PARK, FL 33825

Title: RSP  
Name: LOSSE, ELLYN  
Address: 2124 DOGLEG DR.  
City-St-Zip: SEBRING, FL 33872

Title: TD  
Name: AKUS, STAN  
Address: 3201 PAR RD  
City-St-Zip: SEBRING, FL 33872

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: STAN AKUS

TRES

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date