

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004054

FILED
Jun 29, 2008
Secretary of State

Entity Name: HIGHLANDS HEALTH & DISABILITY, INC.

Current Principal Place of Business:

1800 LAKEVIEW DR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1800 LAKEVIEW DR
SEBRING, FL 33870

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BORKOSKY, BRUCE
1800 LAKEVIEW DR
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Change (X) Addition
Name: BORKOSKY, BRUCE
Address: 1800 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

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: BRUCE BORKOSKY

DR.

06/29/2008

Electronic Signature of Signing Officer or Director

Date