

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000710

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE HEALTHCARE BOARD OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

1200 W AVON BLVD SUITE 109
AVON PARK, FL 338258343

New Principal Place of Business:

1200 W AVON BLVD
SUITE 109
AVON PARK, FL 338258343

Current Mailing Address:

1200 W AVON BLVD SUITE 109
AVON PARK, FL 338258343

New Mailing Address:

1200 W AVON BLVD SUITE
SUITE 109
AVON PARK, FL 338258343

FEI Number: 26-1913410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARDT, J. RUDY
1200 W AVON BLVD SUITE 109
AVON PARK, FL 338258343 US

Name and Address of New Registered Agent:

REINHARDT, J. RUDY D
1200 W AVON BLVD
SUITE 109
AVON PARK, FL 338258343 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: J. RUDY REINHARDT

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, KEVIN J
Address: 1000 S HIGHLANDS AVE PO BOX 7125
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: THAQI, PAULA MD
Address: 7205 S GEORGE BLVD
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: HUDGENS, JANA
Address: 4023 SUN N LAKE BLVD
City-St-Zip: SEBRING, FL 33871

Title: D () Delete
Name: PARKER, HOLLY
Address: 301 3RD ST NW STE 200
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: FEICK, PEGGY S
Address: 3600 S HIGHLANDS AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: NUGENT, LISA
Address: 3504 W GRANADA STREET APT B
City-St-Zip: TAMPA, FL 33629

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:

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: J. RUDY REINHARDT

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date