

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004186 (2)

1. Corporation Name

HIGHLANDS STAY WELL CLINIC INC.



Principal Place of Business

7205 SOUTH GEORG BLVD
SEBRING FL 33872

Mailing Address

7205 SOUTH GEORG BLVD
SEBRING FL 33872

3. Date Incorporated or Qualified
08/23/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0558202

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHENY, MARY JANE D
906 SOUTH LAKEVIEW #5
SEBRING FL 33870

- Address
corrected ->

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

906 S.E. Lakeview, Suite 3

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BEGEAL, BRENDA
STREET ADDRESS 3838 US HWY 27 SOUTH
CITY-ST-ZIP SEBRING Q

TITLE ☐ DELETE

NAME D
JACKSON, BURKE L
STREET ADDRESS 3589 S. HIGHLANDS AVE.
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ DELETE

NAME D
MAXCY, GUY
STREET ADDRESS P.O. BOX 1926 N/A
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

NAME D
HARRELL, BERNAARD HAREI
STREET ADDRESS P.O. BOX 1712 N/A
CITY-ST-ZIP AVON PARK FL 33258

TITLE ☐ DELETE

NAME D
MATHENY, MARY JANE
STREET ADDRESS 906 SOUTHEAST ROAD
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ DELETE

NAME D
MONTSDEOCA, GARY MD
STREET ADDRESS 3670 HIGHWAY 27 SUTH
CITY-ST-ZIP SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

NAME P/D
UPADHYAYA, D.M.
STREET ADDRESS 6801 U.S. 27 N
CITY-ST-ZIP SEBRING, FL. 33870

21 TITLE ☒ Change ☐ Addition

NAME D/S/T
BEGEAL, BRENDA
STREET ADDRESS 1419 Hibiscus St.
CITY-ST-ZIP LAKE PLACID, FL. 33852

31 TITLE ☐ Change ☒ Addition

NAME D
THAKKAR, VINOD
STREET ADDRESS 3581 S. HIGHLANDS AVE.
CITY-ST-ZIP SEBRING, FL. 33870

41 TITLE ☐ Change ☐ Addition

2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brenda J. Begeal BRENDA J. BEGEAL

7/22/96

(941-)
471-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)