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May 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000004186 (2)

1. Corporation Name

HIGHLANDS STAY WELL CLINIC INC.



Principal Place of Business

Mailing Address

7205 SOUTH GEORG BLVD  
SEBRING FL 33872

7205 SOUTH GEORG BLVD  
SEBRING FL 33872-5847

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

08/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHENY, MARY JANE D  
906 SE LAKEVIEW  
SUITE 3  
SEBRING FL 33870

81 Name

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/S/T ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

NAME MONTSDEOCA, GARY MD  
STREET ADDRESS 3870 HIGHWAY 27 SUTH  
CITY-ST-ZIP SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Upadhyaya, D.M., M.D  
1.3 STREET ADDRESS 6801 us 27 N.  
1.4 CITY-ST-ZIP SEBRING, FL.

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME DUNCAN, Robert  
2.3 STREET ADDRESS 1707 DIVOT LN.  
2.4 CITY-ST-ZIP SEBRING, FL 33870

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

5/23/97

941 471 3399

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054439

CR2E037 (9/96)