

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004186

FILED
Jun 28, 2002 8:00 AM
Secretary of State

Entity Name: HIGHLANDS STAY WELL CLINIC INC.

Current Principal Place of Business:

7205 SOUTH GEORG BLVD
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

7205 SOUTH GEORG BLVD
SEBRING, FL 33872

New Mailing Address:

3531 US 27 SOUTH
SEBRING, FL 33870

FEI Number: 65-0558202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARLSON, JEFFREY D
3531 US 27 SOUTH
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: JEFFREY D CARLSON

06/28/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GELDART, DONALD B
Address: P O BOX 1468
City-St-Zip: AVON PARK, FL 338251468

Title: D (X) Delete
Name: KUHN, SANDY
Address: 700 PLANTATION DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: MAXCY, GUY
Address: P.O. BOX 1926 N/A
City-St-Zip: SEBRING, FL 33870

Title: P () Delete
Name: UPADHYAYA, D.M. M
Address: 6801 US 27 N
City-St-Zip: AVON PARK, FL

Title: D () Delete
Name: MATHENY, MARY JANE
Address: 906 SOUTHEAST ROAD
City-St-Zip: SEBRING, FL 33872 Q

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DM UPADHYAYA, MD

D

06/28/2002

Electronic Signature of Signing Officer or Director

Date