

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90055 033 ****61.25

DOCUMENT # N94000004186

1. Entity Name
HIGHLANDS STAY WELL CLINIC INC.



Principal Place of Business
**7205 SOUTH GEORG BLVD
SEBRING, FL 33872**

Mailing Address
**3531 US 27 SOUTH
SEBRING, FL 33870**

60008792



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0558202

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, JEFFREY D
3531 US 27 SOUTH
SEBRING, FL 33870**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GELDART, DONALD B**
STREET ADDRESS **P O BOX 1468**
CITY-ST-ZIP **AVON PARK, FL 338251468**

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

TITLE **D** ☐ Delete
NAME **BHATT, BIPIN C**
STREET ADDRESS **6801 US HWY 27 N, SUITE D-4**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D** ☐ Delete
NAME **UPADHAYAY, D.M.**
STREET ADDRESS **6801 US HWY 27 N, SUITE A-1**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06

Date

863-382-1144

Daytime Phone #