
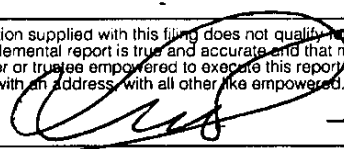


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0558202				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 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, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GELDART, DONALD B	NAME	U000000746513		
STREET ADDRESS	P O BOX 1468	STREET ADDRESS	05/16/07-80072-019 61.25		
CITY-ST-ZIP	AVON PARK, FL 338251468	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAXCY, GUY	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	P.O. BOX 1926 N/A	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BHATT, BIPIN C	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6801 US HWY 27 N, SUITE D-4	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UPADHAYAY, D.M.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6801 US HWY 27 N, SUITE A-1	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	SEBRING, FL 33870	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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					
Date: 4/26/07 Daytime Phone #					