

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004186

FILED  
Mar 08, 2009  
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:**

3531 US 27 SOUTH  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 65-0558202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

Title: D ( ) Delete  
Name: BHATT, BIPIN C  
Address: 6801 US HWY 27 N, SUITE D-4  
City-St-Zip: SEBRING, FL 33870 Q

Title: D ( ) Delete  
Name: UPADHAYAY, D.M.  
Address: 6801 US HWY 27 N, SUITE A-1  
City-St-Zip: SEBRING, FL 33870

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: D. M. UPADHYAYA

DR

03/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date