

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004186

FILED
Apr 29, 2010
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
Name: GELDART, DONALD B
Address: P O BOX 1468
City-St-Zip: AVON PARK, FL 338251468

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: D. M. UPADHYAYA

D

04/29/2010

Electronic Signature of Signing Officer or Director

Date