


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005822
 1. Entity Name
 HIGHLANDS PROFESSIONAL CENTER MANAGEMENT ASSOCIATION, INC.



Principal Place of Business 3233 SW 33RD RD. STE. #201 OCALA, FL 34474-7459 US	Mailing Address P.O. BOX 367 OCALA, FL 34478
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01022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0768749	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

FOSTER, STEVE
 1028 EAST SILVER SPRINGS BLVD
 Ocala, FL 34470

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOSTER, STEVE 1028 EAST SILVER SPORINGS BLVD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUQ, NASIRUL MD 3200 SW 34TH AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, MICHAEL 8440 SE 16TH TERRACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Steve Foster** Date: **1-3-2007** Daytime Phone #: **352-732-2600**