

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90095 038 \*\*\*150.00

**DOCUMENT # P01000116295**

1. Entity Name  
PHYSICIANS ASSISTANT SERVICES OF HIGHLANDS  
COUNTY, INC.



Principal Place of Business

203 DOVE AVE  
SEBRING, FL 33872

Mailing Address

203 DOVE AVE  
SEBRING, FL 33872

60005201



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0553951

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CARDONA, NANCY  
203 DOVE AVE  
SEBRING, FL 33872

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME CARDONA, NANCY  
STREET ADDRESS 203 DOVE AVE  
CITY-ST-ZIP SEBRING, FL 33872

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:**

*Nancy Cardona*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Nancy Cardona*

Date

Daytime Phone #

*1/18/07 863-385-3661*