


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90164 022 \*\*\*150.00

<b>DOCUMENT # P04000135577</b>					
<b>1. Entity Name</b> HIGHLANDS WELLNESS CENTER, INC.					
<b>Principal Place of Business</b> 2440 ORANGEWOOD ST AVON PARK, FL 33825    US			<b>Mailing Address</b> 2440 ORANGEWOOD ST AVON PARK, FL 33825    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 5068 Myrtle Beach Dr.		<b>3. Mailing Address</b> 5068 Myrtle Beach Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Sebring, FL		<b>City &amp; State</b> Sebring, FL		<b>4. FEI Number</b> 20-1699406	
<b>Zip</b> 33872		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  ASHLEY, JILL 2856 CARRIE LANE LAKELAND, FL 33813-3158			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL    Zip Code 33812-3158		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DIR	<b>NAME</b> NELSON, AUDWIN B MD		<b>TITLE</b> DIR, Pres, Sec, Treas.	<b>NAME</b> Nelson, Audwin B, MD	
<b>STREET ADDRESS</b> 2440 ORANGEWOOD ST	<b>CITY-ST-ZIP</b> AVON PARK, FL 33825		<b>STREET ADDRESS</b> 5068 Myrtle Beach Dr.	<b>CITY-ST-ZIP</b> Sebring, FL 33872	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DIR	<b>NAME</b> ASHLEY, P. JILL		<b>TITLE</b> (blank)	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> 2856 CARRIE LANE	<b>CITY-ST-ZIP</b> LAKELAND, FL 338133158		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> (blank)	<b>NAME</b> (blank)		<b>TITLE</b> (blank)	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> (blank)	<b>NAME</b> (blank)		<b>TITLE</b> (blank)	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> (blank)	<b>NAME</b> (blank)		<b>TITLE</b> (blank)	<b>NAME</b> (blank)	
<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)		<b>STREET ADDRESS</b> (blank)	<b>CITY-ST-ZIP</b> (blank)	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 4/23/07    Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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