

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004171

FILED
Apr 13, 2005
Secretary of State

Entity Name: HIGH SPRINGS MEDICAL PROPERTY, INC.

Current Principal Place of Business:

105 NW SANTA FE BLVD
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

105 NW SANTA FE BLVD
PO BOX 834
HIGHTSPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 59-3287888 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OSBORNE, LEE S
6825 LILLIAN RD
JACKSONVILLE, FL 32211 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: MCINTYRE, EDWARD S
Address: 6610 NW 16TH PL
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: MCINTYRE, EDWARD S
Address: 210 SW FOX SQUIRREL PL
City-St-Zip: FORT WHITE, FL 32038

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD S MCINTYRE

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date