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Apr 14 1997 8:00am  
Secretary of State



PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000016236 (7)

1. Corporation Name

HIGHLANDS ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business

129 S. COMMERCE AVE.  
SEBRING FL 33870

Mailing Address

129 S. COMMERCE AVE.  
SEBRING FL 33870-3602

3. Date Incorporated or Qualified

02/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 910 HRMC  
Suite, Apt. #, etc.

22 3600 S. HIGHLANDS AVE

City & State

23 SEBRING, FL

Zip

24 33870

Country

25 US

2a. Mailing Address

26 P.O. Box 4156

Suite, Apt. #, etc.

27 City & State

28 SEBRING, FL

Zip

29 33871

Country

30 US

4. FEI Number

65-0654085

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

JAMES F. MCCOLLUM, P.A.  
129 S. COMMERCE AVE.  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DONAIRE, ERNESTO  
STREET ADDRESS 2005 DECATUR ST.  
CITY - ST - ZIP SEBRING FL 33870

TITLE ☐ DELETE

NAME LAO, ELADIO  
STREET ADDRESS 107 MEDICAL CENTER  
CITY - ST - ZIP SEBRING FL 33870

TITLE ☐ DELETE

NAME ARNOLD, BRIAN  
STREET ADDRESS P.O. BOX 4156  
CITY - ST - ZIP SEBRING FL 33871

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr: #

CR2E034 (9/96)