

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073689

1. Entity Name

HIGHLANDS OB-GYN ASSOCIATES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90047 010 ***550.00

Principal Place of Business

Mailing Address

3589 SOUTH HIGHLANDS AVENUE
SEBRING FL 33870

3589 SOUTH HIGHLANDS AVENUE
SEBRING FL 33870-5410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0699014

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUFMAN, DANA M
4700 SHERIDAN ST
BLDG N
HOLLYWOOD FL 33021

Name

JANICE QUICK

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

3246 WYNSTONE CT.

City

SEBRING

FL

Zip Code

33872

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.

SIGNATURE

Janice C. Quick CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/25/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME PIETRO, PAUL A.
STREET ADDRESS 409 SE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL 33870

TITLE D ☐ Change ☒ Addition
NAME ~~PA~~ QUICK, JANICE C.
STREET ADDRESS 3246 WYNSTONE CT.
CITY-ST-ZIP SEBRING, FL 33872

TITLE D ☐ Delete
NAME OLIVA, JOHN F M.D.
STREET ADDRESS 3246 WYNSTONE COURT
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice C. Quick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00

Date

941-471-3500

Daytime Phone #

CR2E034 (9/99)