

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90074 033 \*\*\*150.00

DOCUMENT # P97000012300

1. Entity Name
HIGHLANDS MEDICAL CENTER, INC.

Principal Place of Business
612 PALMETTO STREET
NEW SMYRNA BEACH FL 32168
Mailing Address
612 PALMETTO STREET
NEW SMYRNA BEACH FL 32168

U U 4 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (Suite, Apt. #, etc., City & State, Zip, Country)
3. Mailing Address (Suite, Apt. #, etc., City & State, Zip, Country)
4. FEI Number 59-3436026
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent (PALMETTO CHARTER SERVICES, INC., 150 MAGNOLIA AVENUE, DAYTONA BEACH FL 32115-2491)
7. Name and Address of New Registered Agent (Name, Street Address, City, State, Zip Code)

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 \_\_\_\_\_ DATE \_\_\_\_\_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, Addition.

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...

SIGNATURE: [Signature] DATE: 1-10-01 DAYTIME PHONE #

CR2E034 (10/00)

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