

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 14 1998 8:00am
Secretary of State

DOCUMENT # P97000072630
1. Corporation Name:

hIGHS, P.A.

Principal Place of Business: 755 Rinehart Road
Lake Mary, Florida 32746
Mailing Address: 401 North Mills
Orlando, Florida 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified August 18, 1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3487072	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Nicholas J. Rubino
159 Lookout Place, Suite 101
Maitland, Florida 32751

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: Nicholas J. Rubino DATE: March 26, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Jack R. Beattie, D.D.S.	12 NAME	
STREET ADDRESS	401 North Mills	13 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32803	14 CITY-ST-ZIP	
TITLE	DVPT ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Chester D. Miltenberger, M.D.	22 NAME	
STREET ADDRESS	755 Rinehart Road	23 STREET ADDRESS	
CITY-ST-ZIP	Lake Mary, Florida 32746	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 recorder 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 or in an attachment with a valid signature.

SIGNATURE: [Signature] DATE: 3/27/98

CR2E034 (10/97)