

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000000903

Entity Name: HIGHLANDS REGIONAL MEDICAL STAFF, INC.**Current Principal Place of Business:**129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870**Current Mailing Address:**129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870**FEI Number: 84-4218162****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARLSON, JEFF
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US*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**Officer/Director Detail :**

Title	D, T
Name	UPADHYAYA, D M
Address	6801 US HWY 27 NORTH, SUITE A-1
City-State-Zip:	SEBRING FL 33870

Title	D
Name	GANTHIER, R
Address	801 US HWY 27 S
City-State-Zip:	SEBRING FL 33870

Title	VP
Name	CHAUDHRI, T
Address	3427 SOUTH HIGHLANDS AVENUE
City-State-Zip:	SEBRING FL 33870

Title	P
Name	LEIDEL, G
Address	3600 SOUTH HIGHLANDS AVENUE
City-State-Zip:	SEBRING FL 33870

Title	D, S
Name	LACKEY, T C
Address	4759 LAKEVIEW DRIVE
City-State-Zip:	SEBRING FL 33870

Title	D
Name	MIDENCE, B
Address	3700 EMERGENCY LANE
City-State-Zip:	SEBRING FL 33870

I hereby 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 all other like empowered.

SIGNATURE: DM UPADHYAYA**TREAS****04/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date