

2025 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 DIRECTOR
Name LEIDEL, GEORGE MD
Address 3600 SOUTH HIGHLANDS AVENUE
City-State-Zip: SEBRING FL 33870

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

Title PRESIDENT
Name PARNASSA, DANIEL MD
Address 2237 U S HWY 27 S
City-State-Zip: SEBRING FL 33870

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

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

Title DIRECTOR
Name PATEL, DEEPAK MD
Address 119 U S HWY 27 S
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: GANTHIER , RUIX , MD

D, TREASURER

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date