

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012300

Entity Name: HIGHLANDS MEDICAL CENTER, INC.

Current Principal Place of Business:

612 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

612 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3436026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAGRANI, MARK
612 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168 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 MGRM
Name NAGRANI, MARK
Address 612 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: MARK NAGRANI

01/11/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date