

**2016 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

MMGR

04/22/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date