

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997 1-27-97 B-0827 C		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 701275 (0) 1. Corporation Name WATSON CLINIC FOUNDATION, INC.			
Principal Place of Business 1600 LAKELAND HILLS BLVD LAKELAND FL 33805-3065		Mailing Address 1600 LAKELAND HILLS BLVD LAKELAND FL 33805-3019	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 08/04/1960		3a. Date of Last Report 01/29/1996	
4. FEI Number 59-1100876		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ANDERSON, DALE J 1600 LAKELAND HILLS BLVD LAKELAND FL 33805		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HARWELL, CHRISTOPHER C.		
STREET ADDRESS	1600 LAKELAND HILLS BOULEVARD		
CITY-ST-ZIP	LAKELAND FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MCINTOSH, HENRY D.		
STREET ADDRESS	1600 LAKELAND HILLS BLVD		
CITY-ST-ZIP	LAKELAND FL		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	ANDERSON, DALE		
STREET ADDRESS	1600 LAKELAND HILLS BLVD		
CITY-ST-ZIP	LAKELAND FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	SPOTO, ANGELO P.		
STREET ADDRESS	1600 LAKELAND HILLS BLVD		
CITY-ST-ZIP	LAKELAND FL		
TITLE	DC	<input type="checkbox"/> DELETE	
NAME	BARDEN, GLEN A.		
STREET ADDRESS	1600 LAKELAND HILLS BLVD		
CITY-ST-ZIP	LAKELAND FL		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	CHAPMAN, ROBERT C		
STREET ADDRESS	1600 LAKELAND HILLS BLVD.		
CITY-ST-ZIP	LAKELAND FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/27/97

741.680.7687
Daytime Phone # 0052776

CR2E037 (9/96)