

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90024 040 ****61.25

DOCUMENT # 701275

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 33805-3065



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/04/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1100876

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, DALE J
1600 LAKELAND HILLS BLVD
LAKELAND FL 33805

81 Name Steven T. Flax, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)
1600 Lakeland Hills Boulevard

83

84 City Lakeland,

FL

85 Zip Code
33805

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HARWELL, CHRISTOPHER C.
STREET ADDRESS 1600 LAKELAND HILLS BOULEVARD
CITY-ST-ZIP LAKELAND FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Piotrowski, Stanley
1.3 STREET ADDRESS 1600 Lakeland Hills Boulevard
1.4 CITY-ST-ZIP Lakeland, FL

TITLE D ☐ DELETE
NAME MCINTOSH, HENRY D.
STREET ADDRESS 1600 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME ANDERSON, DALE
STREET ADDRESS 1600 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME FLAX, STEVEN T
STREET ADDRESS 1600 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FL 33805

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DC ☐ DELETE
NAME BARDEN, GLEN A.
STREET ADDRESS 1600 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME CHAPMAN, ROBERT C
STREET ADDRESS 1600 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Steven T. Flax, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

(941) 680-7113

Date

Daytime Phone #

CR2E037-(1/1/98)