

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701275

1. Entity Name

WATSON CLINIC FOUNDATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 008 ****61.25

Principal Place of Business	Mailing Address
1600 LAKELAND HILLS BLVD LAKELAND FL 33805-3065	1600 LAKELAND HILLS BLVD LAKELAND FLA 33805-3019

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1100876	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLAX, STEVEN T MD 1600 LAKELAND HILLS BLVD LAKELAND FL 33805	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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.

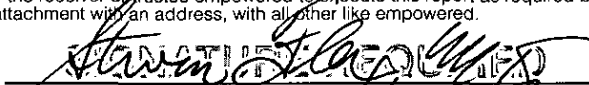
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D NAME HARWELL, CHRISTOPHER C. STREET ADDRESS 1600 LAKELAND HILLS BOULEVARD CITY-ST-ZIP LAKELAND FL	TITLE D NAME ANGELO P. SPOTO, JR., M.D. STREET ADDRESS 1600 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805
TITLE D NAME MCINTOSH, HENRY D. STREET ADDRESS 1600 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL	TITLE D NAME DUDLEY P. TOWNE STREET ADDRESS 1600 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805
TITLE D NAME PIOTROWSKI, STANLEY STREET ADDRESS 1600 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL	TITLE T/S NAME STANLEY PIOTROWSKI STREET ADDRESS 1600 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805
TITLE P NAME FLAX, STEVEN T STREET ADDRESS 1600 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL 33805	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DC NAME BARDEN, GLEN A. STREET ADDRESS 1600 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME CHAPMAN, ROBERT C STREET ADDRESS 1600 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4-28-00 863-680-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)