

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90052 011 ****70.00

DOCUMENT # 701275

1. Entity 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

1430 Lakeland Hills Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State

4. FEI Number **59-1100876**

Applied For
 Not Applicable

Zip
33805

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLAX, STEVEN T MD
 1600 LAKELAND HILLS BLVD
 LAKELAND FL 33805**

Name
Angelo P. Spoto, Jr., M.D.

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

City
Lakeland FL Zip Code
33805

7. Name and Address of New Registered Agent

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 **Angelo P. Spoto, Jr., M.D., President & C.E.O.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE
D
 NAME
PIOTROWSKI, STANLEY
 STREET ADDRESS
1600 LAKELAND HILLS BLVD
 CITY-ST-ZIP
LAKELAND FL ☐ Delete

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
P
 NAME
Angelo P. Spoto, Jr., M.D.
 STREET ADDRESS
1600 Lakeland Hills Blvd.
 CITY-ST-ZIP
Lakeland, FL 33805 ☐ Change ☒ Addition

TITLE
D
 NAME
Dudley P. Towne
 STREET ADDRESS
1600 Lakeland Hills Blvd.
 CITY-ST-ZIP
Lakeland, FL 33805 ☐ Change ☒ Addition

TITLE
T/S
 NAME
Stanley Piotrowski
 STREET ADDRESS
1600 Lakeland Hills Blvd.
 CITY-ST-ZIP
Lakeland, FL 33805 ☒ Change ☐ Addition

TITLE
D
 NAME
Steven T. Flax
 STREET ADDRESS
1600 Lakeland Hills Blvd.
 CITY-ST-ZIP
Lakeland, FL 33805 ☒ Change ☐ Addition

TITLE

 NAME

 STREET ADDRESS

 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

 NAME

 STREET ADDRESS

 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2d April 01

(863) 680-7113

CR2E037 (10/00)