

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90018 002 ****70.00

DOCUMENT # 701275

1. Entity Name

WATSON CLINIC FOUNDATION, INC.

Principal Place of Business

**1430 LAKELAND HILLS BLVD
 LAKELAND FL 33805**

Mailing Address

**1600 LAKELAND HILLS BLVD
 LAKELAND FL 33805-3065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1100876**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPOTO, ANGELO P JR
 1600 LAKELAND HILLS BLVD
 LAKELAND FL 33805**

7. Name and Address of New Registered Agent

Name **SWYGERT, M.D., J. SCOTT**
 Street Address (P.O. Box Number is Not Acceptable) **1600 LAKELAND HILLS BLVD**
 City **LAKELAND** FL Zip Code **33805**

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 **J. Scott Swygert, 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

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	P	<input type="checkbox"/> Delete
NAME	SPOTO, ANGELO P JR	
STREET ADDRESS	1600 LAKELAND HILLS BOULEVARD	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTOSH, HENRY D.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, STANLEY	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLAX, STEVEN T	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BARDEN, GLEN A.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT C	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTO, ANGELO P. JR.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDEN, GLEN A.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWNE, DUDLEY	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACO, LOUIS S.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWYGERT, J. SCOTT	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEK, PRANAY	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33805	

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 or without other like empowered.

SIGNATURE:

SIGNATURE RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 (863) 680-7113

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