

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90033 043 \*\*\*\*61.25

**DOCUMENT # 701275**

1. Entity Name

WATSON CLINIC FOUNDATION, INC.



Principal Place of Business

2020 EDGEWOOD DR. S.  
LAKELAND FL 33803

Mailing Address

2020 EDGEWOOD DR. S.  
LAKELAND FL 33803

24010400



MOORE CR2E037 (11/03)

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

7. Name and Address of New Registered Agent

SWYGERT, SCOTT J 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 /**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME SPOTO, ANGELO P JR  
STREET ADDRESS 1600 LAKELAND HILLS BOULEVARD  
CITY-ST-ZIP LAKELAND FL 33805

TITLE C ☐ Change ☒ Addition  
NAME SACO, LOUIS  
STREET ADDRESS 1600 LAKELAND HILLS BOULEVARD  
CITY-ST-ZIP LAKELAND, FL 33805

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

TITLE D ☐ Change ☒ Addition  
NAME PATEL, PRANAY  
STREET ADDRESS 1600 LAKELAND HILLS BOULEVARD  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE TS ☐ Delete  
NAME PIOTROWSKI, STANLEY  
STREET ADDRESS 1600 LAKELAND HILLS BLVD  
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ Change ☒ Addition  
NAME HAIDER, KAMAL  
STREET ADDRESS 1730 LAKELAND HILLS BOULEVARD  
CITY-ST-ZIP LAKELAND, FL 33805

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

TITLE D ☐ Change ☒ Addition  
NAME HEYSEK, RANDY  
STREET ADDRESS 1730 LAKELAND HILLS BOULEVARD  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE D ☐ Delete  
NAME BARDEN, GLEN A.  
STREET ADDRESS 1600 LAKELAND HILLS BLVD  
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ Change ☒ Addition  
NAME LAGESSE, AKIKO  
STREET ADDRESS 331 SOUTH FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND, FL 33801

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

TITLE D ☐ Change ☒ Addition  
NAME SELLERS, JUDITH  
STREET ADDRESS 2525 S. Florida Avenue  
CITY-ST-ZIP LAKELAND, FL 33803

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

(863) 668-3415

Daytime Phone #

11. Changes/Additions

Attachment

D - 5  
MCINTOSH, HENRY D.  
PRESBYTERIAN RETIREMENT CENTER  
30 TERRACE GARDENS  
LAKELAND, FL 33815

# 701275  
44016408