


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 701275 1. Entity Name WATSON CLINIC FOUNDATION, INC.	
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Principal Place of Business 2020 EDGEWOOD DR. S. LAKELAND, FL 33803	Mailing Address 2020 EDGEWOOD DR. S. LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

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 SWYGERT, SCOTT J MD 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805
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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPOTO, ANGELO P JR 1600 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCINTOSH, HENRY D. 1600 LAKELAND HILLS BLVD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PIOTROWSKI, STANLEY 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEYSEK, RANDY 1730 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARDEN, GLEN A. 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHAPMAN, ROBERT C 1600 LAKELAND HILLS BLVD. LAKELAND, FL

U00000248976
03/02/05-80053-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employed.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 2/25/05 Daytime Phone #: (863) 668-3415