


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90100 030 \*\*\*\*61.25

<b>DOCUMENT # 701275</b> 1. Entity Name <b>WATSON CLINIC FOUNDATION, INC.</b>	
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Principal Place of Business <b>2020 EDGEWOOD DR. S. LAKELAND, FL 33803</b>	Mailing Address <b>2020 EDGEWOOD DR. S. LAKELAND, FL 33803</b>
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2. Principal Place of Business - No P.O. Box # <b>100 S. Kentucky Ave.</b> Suite, Apt. #, etc. <b>Suite 255</b> City & State <b>Lakeland, FL</b> Zip <b>33801</b>	Country <b>U.S.</b>	3. Mailing Address <b>100 S. Kentucky Ave.</b> Suite, Apt. #, etc. <b>Suite 255</b> City & State <b>Lakeland, FL</b> Zip <b>33801</b>	Country <b>U.S.</b>
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01102007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1100876</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>SWYGERT, SCOTT J MD 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPOTO, ANGELO P JR 1600 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCINTOSH, HENRY D. 1600 LAKELAND HILLS BLVD LAKELAND, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS PIOTROWSKI, STANLEY 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEYSEK, RANDY 1730 LAKELAND HILLS BLVD. LAKELAND, FL 33805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARDEN, GLEN A. 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHAPMAN, ROBERT C 1600 LAKELAND HILLS BLVD. LAKELAND, FL</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C Saco, Louis 1600 Lakeland Hills Blvd. Lakeland, FL 33805</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Haider, Kamal 2625 S. Florida Ave. Lakeland, FL 33803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Khan, Adil 2625 S. Florida Ave. Lakeland, FL 33803</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Patel, Pranay C. 1600 Lakeland Hills Blvd. Lakeland, FL 33805</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rotella, Christopher 1600 Lakeland Hills Blvd. Lakeland, FL 33805</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **JSSwygert** **1/15/07** **8638026220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60009595

