2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90032 014 ****61.25

DOCUMENT # 701275

1. Entity Name
WATSON CLINIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
100 S. KENTUCKY AVE SUITE 255 LAKELAND, FL 33801	100 S. KENTUCKY AVE SUITE 255 LAKELAND, FL 33801

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 S. Kentucky Ave.	100 S. Kentucky Ave.
Suite, Apt. #, etc. Suite 255	Suite, Apt. #, etc. Suite 255
City & State Lakeland, FL	City & State Lakeland, FL
Zip / Country 33801 / U.S.A.	Zip / Country 33801 / U.S.A.

02122008 Chg-NP CR2E037 (12/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPOTO, ANGELO P JR 1600 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINTOSH, HENRY D. 1600 LAKELAND HILLS BLVD LAKELAND, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Haider, Kamal 2625 S. Florida Ave. Lakeland, FL 33805 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS PIOTROWSKI, STANLEY 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Khan, Adil 2625 S. Florida Ave. Lakeland, FL 33805 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEYSEK, RANDY 1730 LAKELAND HILLS BLVD. LAKELAND, FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patel, Parany C. 1600 Lakeland Hills Blvd. Lakeland, FL 33805 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARDEN, GLEN A. 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SACO, LOUIS 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	☐ Delete	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 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: JS Swygert 2/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #