

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701275

FILED
Jan 13, 2009
Secretary of State

Entity Name: WATSON CLINIC FOUNDATION, INC.

Current Principal Place of Business:

100 S. KENTUCKY AVE
SUITE 255
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

100 S. KENTUCKY AVE
SUITE 255
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-1100876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWYGERT, SCOTT J MD
1600 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPOTO, ANGELO P JR
Address: 1600 LAKELAND HILLS BOULEVARD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HAIDER, KAMAL
Address: 2625 S FLORIDA AVE
City-St-Zip: LAKELAND, FL 33805

Title: TS () Delete
Name: PIOTROWSKI, STANLEY
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: HEYSEK, RANDY
Address: 1730 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: BARDEN, GLEN A.,
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: C () Delete
Name: SACO, LOUIS
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. S. SWYGERT

DR.

01/13/2009

Electronic Signature of Signing Officer or Director

Date