2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90208 049 ****61.25

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DOCUMENT # 701275

1. Entity Name
WATSON CLINIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
1430 LAKELAND HILLS BLVD LAKELAND FL 33805	1600 LAKELAND HILLS BLVD LAKELAND FL 33805-3065

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2020 EDGEWOOD DR. S	2020 EDGEWOOD DR. S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: LAKELAND FL
Zip: 33803 Country:	Zip: 33803 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 X _____ 4/30/03
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

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	CHAIRMAN LOUIS S. SACO, M.D. 1600 LAKELAND HILLS BLVD. LAKELAND, FL 33805	☐ 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	DIRECTOR KAMAL HAIDER, M.D. 1600 LAKELAND HILLS BLVD 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	DIRECTOR RANDY HEYSEK, MD 2020 EDGEWOOD DR. S LAKELAND, FL 33803	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLAX, STEVEN T 1600 LAKELAND HILLS BLVD LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AIKIKO LAGESSE 2020 EDGEWOOD DR. S LAKELAND, FL 33803	☐ 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	DIRECTOR PRANAY PATEL, MD 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHAPMAN, ROBERT C 1600 LAKELAND HILLS BLVD. LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JUDITH A. SEWLERS 2020 EDGEWOOD DR S LAKELAND, FL 33803	☐ Change ☑ Addition

CR2E037 (10/02)

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: X SIGNATURE REQUIRED 4/30/03 (863)668-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #