FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J66062** **(7)**

1. Corporation Name
HEALTH SUPPORT SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1987**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21: 1600 Lakeland Hills Blvd.
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 1600 Lakeland Hills Blvd
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-2801947** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, DALE
1600 LAKELAND HILLS BLVD
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	11 TITLE	D	☒ Change ☐ Addition
NAME	BARDEN, GLEN A.	12 NAME		
STREET ADDRESS	1600 LAKELAND HILLS BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	CHAPMAN, ROBERT H	22 NAME	Joy L. Jackson	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	23 STREET ADDRESS	1600 Lakeland Hills Blvd.	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	V	31 TITLE	D	☐ Change ☒ Addition
NAME	ANDERSON, DALE J	32 NAME		
STREET ADDRESS	1600 LAKELAND HILLS BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE	D	☒ Change ☐ Addition
NAME	POWERS, PAUL	42 NAME		
STREET ADDRESS	1324 LAKELAND HILLS BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	D	☒ Change ☐ Addition
NAME	STEPHENS, JACK T.	52 NAME		
STREET ADDRESS	1324 LAKELAND HILLS BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	John T. Cannon, III	
STREET ADDRESS		63 STREET ADDRESS	1430 Lakeland Hills Blvd.	
CITY-ST-ZIP		64 CITY-ST-ZIP	Lakeland, FL 33805	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/17/95 813 680 7682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DALE J. ANDERSON

0014076 CP

J660062

Attachment to 1995 Corporation Annual Report

for Health Support Services, Inc.

(document #J66062(7))

Block 13

7.1	Title	D	☐ Change ☒ Addition
7.2	Name	James W. Spence, Jr.	
7.3	Street Address	1600 Lakeland Hills Blvd.	
7.4	City-St-Zip	Lakeland, FL 33805	

8.1	Title	D	☐ Change ☒ Addition
8.2	Name	Ralph W. Weeks	
8.3	Street Address	1430 Lakeland Hills Blvd.	
8.4	City-St-Zip	Lakeland, FL 33805	

9.1	Title	AS	☐ Change ☒ Addition
9.2	Name	John Ortiz	
9.3	Street Address	Suite 2200 225 Peachtree Street, N.E.	
9.4	City-St-Zip	Atlanta, GA 30303	

LAK-82433