

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 06 1997 8:00am
Secretary of State

DOCUMENT # J66062

(7)

1. Corporation Name

HEALTH SUPPORT SERVICES, INC.

Principal Place of Business

1600 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US

Mailing Address

1600 LAKELAND HILLS BLVD.
LAKELAND FL 33805-3019
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/08/1987

3a. Date of Last Report

01/30/1996

4. FEI Number

59-2801947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Signatures typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BARDEN, GLEN A.	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	DELETE
NAME	JACKSON, JOY L	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VD	DELETE
NAME	ANDERSON, DALE J	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	DELETE
NAME	POWERS, PAUL	
STREET ADDRESS	1324 LAKELAND HILLS BLVD.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	DELETE
NAME	STEPHENS, JACK T.	
STREET ADDRESS	1324 LAKELAND HILLS BLVD	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	DELETE
NAME	CANNON, JOHN T III	
STREET ADDRESS	1430 LAKELAND HILLS BOULEVARD	
CITY - ST - ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/21/97 Daytime Phone #

CR2E034 (9/96)