

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66062

1. Entity Name

HEALTH SUPPORT SERVICES, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90126 017 \*\*\*150.00

Principal Place of Business

Mailing Address

1600 LAKELAND HILLS BLVD.  
 LAKELAND FL 33805  
 US

1600 LAKELAND HILLS BLVD.  
 LAKELAND FL 33805-3019  
 US

2. Principal Place of Business

3. Mailing Address

C/O WATSON CLINIC LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1600 LAKELAND HILLS BLVD.

City & State

City & State

LAKELAND, FL

4. FEI Number

59-2801947

Applied For

Not Applicable

Zip

Country

Zip

Country

33805

USA

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

CHAPMAN, RICHARD H MD. PHD  
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
 NAME BARDEN, GLEN A.  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD  
 CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition  
 NAME HUNT BERRYMAN  
 STREET ADDRESS 1324 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND, FL 33805

TITLE D ☐ Delete  
 NAME CHAPMAN, ROBERT H MD-PHD  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition  
 NAME MICHAEL A. CALLAHAN  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND, FL 33805

TITLE D ☐ Delete  
 NAME SACO, LOUIS S M.D.  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD  
 CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME POWERS, PAUL  
 STREET ADDRESS 1324 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME STEPHENS, JACK T.  
 STREET ADDRESS 1324 LAKELAND HILLS BLVD  
 CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE C ☐ Delete  
 NAME RALPH BLALOCK  
 STREET ADDRESS 1430 LAKELAND HILLS BOULEVARD  
 CITY-ST-ZIP LAKELAND FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert H. Chapman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. CHAPMAN, M.D., Ph.D.

Date

Daytime Phone #

4-28-00

(863) 680-7252

CH 10/4 (9/99)