

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66062

1. Entity Name
HEALTH SUPPORT SERVICES, INC.

Principal Place of Business
1600 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US

Mailing Address
1600 LAKELAND HILLS BLVD.
C/O WATSON CLINIC LLP
LAKELAND FL 33805
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2801947

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT
CHAPMAN, M.D., PH.D.
1600 LAKELAND HILLS BLVD
LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name ROBERT H. CHAPMAN, M.D., PH.D.

Street Address (P.O. Box Number is Not Acceptable)

1600 LAKELAND HILLS BLVD

City LAKELAND

FL

Zip Code
33805

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

Robert H. Chapman

ROBERT H. CHAPMAN, M.D., PH.D.

10/15/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BARDEN, GLEN A.	1600 LAKELAND HILLS BLVD	LAKELAND FL	<input type="checkbox"/>
D	CHAPMAN, ROBERT H MD-PHD	1600 LAKELAND HILLS BLVD.	LAKELAND FL	<input type="checkbox"/>
D	SACO, LOUIS S M.D.	1600 LAKELAND HILLS BLVD	LAKELAND FL	<input type="checkbox"/>
D	POWERS, PAUL	1324 LAKELAND HILLS BLVD.	LAKELAND FL	<input type="checkbox"/>
D	STEPHENS, JACK T.	1324 LAKELAND HILLS BLVD	LAKELAND FL	<input type="checkbox"/>
C	RALPH BLALOCK	1430 LAKELAND HILLS BOULEVARD	LAKELAND FL	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	STAN PIOTROWSKI	1600 LAKELAND HILLS BLVD	LAKELAND, FL 33805	<input type="checkbox"/>
D	ED CRENSHAW	PUBLIX SUPERMARKETS, P.O. BOX 407	LAKELAND, FL 33801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

8/24/01

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 17 AM 11:33



DO NOT WRITE IN THIS SPACE

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