

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90266 014 ***158.75

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

7. Name and Address of New Registered Agent

**CHAPMAN, ROBERT H MD. PHD
 1600 LAKELAND HILLS BLVD
 LAKELAND FL 33805**

Name **LOUIS S. SACO, M.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

LOUIS S. SACO, M.D. C.E.O.

4-16-02

Signature of type 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, 2002 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 **EDWARD CRENSHAW, PUBLIX SUPERMARKETS**
 STREET ADDRESS **P.O. BOX 407**
 CITY-ST-ZIP **LAKELAND, FL 33801**

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 **HUNT BERRYMAN**
 STREET ADDRESS **1324 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 **D** ☐ Delete
 NAME **PIOTROWSKI, STAN**
 STREET ADDRESS **1600 LAKELAND HILLS BLVD**
 CITY-ST-ZIP **LAKELAND FL 33805**

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 or without other like empowered.

SIGNATURE:

LOUIS S. SACO, M.D. C.E.O.

4-16-02

863-680-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)