

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

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**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**SACO, LOUIS S M.D.
1600 LAKELAND HILLS BLVD
LAKELAND, FL 33805**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000073874
03/02/04-80054-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDEN, GLEN A 1600 LAKELAND HILLS BLVD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, ROBERT H MD-PHD 1600 LAKELAND HILLS BLVD. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACO, LOUIS S M.D. 1600 LAKELAND HILLS BLVD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, PAUL 1324 LAKELAND HILLS BLVD. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JACK T 1324 LAKELAND HILLS BLVD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIOTROWSKI, STAN 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STANLEY L. PIOTROWSKI 2 Feb 04 680-7956