

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 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



02172005 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

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #