

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 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**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

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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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #