

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 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**



01292007 No Chg-P CR2E034 (11/05)

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, 2007 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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02/19/07-80024-001 150.00

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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

30 Jan 07

Daytime Phone # _____