

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED

Jul 18, 2008 08:00 AM
Secretary of State



07112008 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

DO NOT WRITE IN THIS SPACE

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000955632
07/18/08-80005-021 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

**DO NOT WRITE
IN THIS SPACE**

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 #

11/18/08 863-646-2055