

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66062

FILED
Feb 20, 2009
Secretary of State

Entity Name: HEALTH SUPPORT SERVICES, INC.

Current Principal Place of Business:

1600 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

1600 LAKELAND HILLS BLVD.
C/O WATSON CLINIC LLP
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 59-2801947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARDEN, GLEN A
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: CHAPMAN, ROBERT H MD-PHD
Address: 1600 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: SACO, LOUIS S M.D.
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: POWERS, PAUL
Address: 1324 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: STEPHENS, JACK T
Address: 1324 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: PIOTROWSKI, STAN
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY PIOTROWSKI

MR

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date