2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66062

Entity Name: HEALTH SUPPORT SERVICES, INC.

FILED Jan 14, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1600 LAKELAND HILLS BLVD. LAKELAND, FL 33805 US

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: [

Name: BARDEN, GLEN A

Address: 1600 LAKELAND HILLS BLVD

City-St-Zip: LAKELAND, FL

Title: [

Name: CHAPMAN, ROBERT H MD-PHD Address: 1600 LAKELAND HILLS BLVD.

City-St-Zip: LAKELAND, FL

Title: D

Name: SACO, LOUIS S M.D.
Address: 1600 LAKELAND HILLS BLVD

City-St-Zip: LAKELAND, FL

Title: [

Name: POWERS, PAUL

Address: 1324 LAKELAND HILLS BLVD.

City-St-Zip: LAKELAND, FL

Title: [

Name: STEPHENS, JACK T Address: 1324 LAKELAND HILLS BLVD

City-St-Zip: LAKELAND, FL

Title: D

 Name:
 PIOTROWSKI, STAN

 Address:
 1600 LAKELAND HILLS BLVD

 City-St-Zip:
 LAKELAND, FL 33805

I hereby 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 all other like empowered.

SIGNATURE: STANLEY PIOTROWSKI D 01/14/2010