2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# J66062

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

OFFICERS AND DIRECTORS:

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

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

Title: D
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: STAN PIOTROWSKI MR 01/07/2011

Electronic Signature of Signing Officer or Director Date