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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73084

1. Corporation Name

PROFESSIONAL HEALTH SERVICES ORGANIZATION, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1992

4. FEI Number

59-3308194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, DALE
1600 LAKELAND HILLS BLVD
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name **Robert H. Chapman, M.D., Ph.D.**

82 Street Address (P.O. Box Number is Not Acceptable)
1600 Lakeland Hills Blvd.

83

84 City **Lakeland**

FL

85 Zip Code
33805

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert H. Chapman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DALE J	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARDEN, GLEN A	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ROBERT H	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TULLIS, STUART C	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STEPHANIE GUICE	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stan Piotrowski	
1.3 STREET ADDRESS	1600 Lakeland Hills Blvd.	
1.4 CITY-ST-ZIP	Lakeland, FL 33805	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert H. Chapman, M.D., Ph.D.	
2.3 STREET ADDRESS	1600 Lakeland Hills Blvd.	
2.4 CITY-ST-ZIP	Lakeland, FL 33805	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jorge L. Gonzalez, M.D.	
3.3 STREET ADDRESS	1600 Lakeland Hills Blvd.	
3.4 CITY-ST-ZIP	Lakeland, FL 33805	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edward Rauschkolb, M.D.	
4.3 STREET ADDRESS	1600 Lakeland Hills Blvd.	
4.4 CITY-ST-ZIP	Lakeland, FL 33805	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert H. Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/1999
Date

941-680-7000
Daytime Phone #

CR2E034 (1/98)