

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73084

1. Entity Name

PROFESSIONAL HEALTH SERVICES ORGANIZATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 016 ***150.00

Principal Place of Business

Mailing Address

1600 LAKELAND HILLS BLVD
 LAKELAND FL 33805

1600 LAKELAND HILLS BLVD
 LAKELAND FL 33805-3019

2. Principal Place of Business

3. Mailing Address

C/O WATSON CLINIC LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1600 LAKELAND HILLS BLVD.

City & State

City & State

LAKELAND, FL

4. FEI Number

59-3308194

Applied For

Not Applicable

Zip

Country

Zip

Country

33805

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, ROBERT H MD M.D., Ph.D.
 1600 LAKELAND HILLS BLVD
 LAKELAND FL 33805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, STAN	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT H MD, PHD	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT H	
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JORGE L M.D.	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Chapman ROBERT H. CHAPMAN, M.D., Ph.D. 4-28-00 (863) 680-7252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1 014 (9/99)