

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90013 001 ***158.75

DOCUMENT # V:73084 ✓

1. Entity Name
 PROFESSIONAL HEALTH SERVICES ORGANIZATION, INC.

Principal Place of Business 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	Mailing Address C/O/WATSON CLINIC LLP 1600 LAKELAND HILLS BLVD. LAKELAND, FL 33805-3019
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3308194 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAPMAN, ROBERT H., M.D., PhD
 1600 LAKELAND HILLS BLVD.
 LAKELAND, FL

7. Name and Address of New Registered Agent

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 _____ (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, 2001 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

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 type="checkbox"/> Delete
NAME	GONZALEZ, JORGE-L. MD	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Stephanie Guice</i>	
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
NAME		
STREET ADDRESS		
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: *Stephanie Guice* **4-25-01** **863-680-7252**
 _____ **Date** **Daytime Phone #**

CR2E034 (11/00)