

# 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3308194

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 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 ☐ Delete  
 NAME PIOTROWSKI, STAN  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND, FL

TITLE D ☐ Delete  
 NAME CHAPMAN, ROBERT H., MD, PHD  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND, FL

TITLE D ☐ Delete  
 NAME GONZALEZ, JORGE-L. MD  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND, FL

TITLE ST ☐ Delete  
 NAME STEPHANIE GUICE  
 STREET ADDRESS 1600 LAKELAND HILLS BLVD.  
 CITY-ST-ZIP LAKELAND, FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

863-680-7252

Daytime Phone #

CR2E034 (11/00)