

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90084 034 ***158.75

DOCUMENT # V73084

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****360416**

DO NOT WRITE IN THIS SPACE

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

KX**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPMAN, ROBERT H PHD
1600 LAKELAND HILLS BLVD
LAKELAND FL 33805**

Name

LOUIS S. SACO, M.D.

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

1600 LAKELAND HILLS BLVD

City

LAKELAND**FL**Zip Code
33805

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.

LOUIS S. SACO, M.D. C.E.O.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-029. 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, 2002 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** ☐ Delete
NAME **PIOTROWSKI, STAN**
STREET ADDRESS **1600 LAKELAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND FL**TITLE **D** ☐ Change ☒ Addition
NAME **LOUIS S. SACO, M.D.**
STREET ADDRESS **1600 LAKELAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND, FL 33805**TITLE **D** ☒ Delete
NAME **CHAPMAN, ROBERT H MD, PHD**
STREET ADDRESS **1600 LAKELAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GONZALEZ, JORGE L M.D.**
STREET ADDRESS **1600 LAKELAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **STEPHANIE GUICE**
STREET ADDRESS **1600 LAKELAND HILLS BLVD**
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

LOUIS S. SACO, M.D. C.E.O.

Date

863-680-7000

Daytime Phone #

CR2E034 (9/01)