

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph B. Morfitt
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

SEP 14 11 15 AM '95

DOCUMENT # **L03395** (5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBERT L. WATSON, M.D., P.A.

Principal Place of Business: **C/O ONE N. DALE MABRY 980 P.O. BOX 25233-5233 TAMPA FL 33622-2233**

Mailing Address: **C/O ONE N. DALE MABRY 980 P.O. BOX 25233-5233 TAMPA FL 33622-2233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1989		3a. Date of Last Report 06/24/1994	
4. FEI Number 59-2964667		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 190.030, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIROLOZZI, JOSEPH C.P.A. ONE N. DALE MABRY HWY STE 980 TAMPA FL 33609				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 5111 Memorial Hwy.			
				83			
				84 City Tampa		85 State FL	

11. Pursuant to the provisions of Sections 607.0507 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 Sections 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME WATSON, ROBERT L. MD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1600 SINGLETREE WAY	CITY, ST, ZIP BOWLING GREEN KY	2. NAME	
		3. STREET ADDRESS	
		4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. NAME	
CITY, ST, ZIP		7. STREET ADDRESS	
		8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. NAME	
CITY, ST, ZIP		11. STREET ADDRESS	
		12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	
		16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily, knowingly and truthfully furnished and agrees, not qualify for the exemption stated in Section 190.030(a), Florida Statutes. I further certify that the information includes the annual report or registration annual report as required and in a state and that my corporation shall have the same legal effect as if made under oath. That I am an eligible individual of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing to support the filing of this report with an address.

SIGNATURE: *Robert L. Watson MD PA* **ROBERT L. WATSON MD PA** 291/195 502-842-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR