

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03395

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



Principal Place of Business
 1704 SINGLE TREE WAY
 BOWLING GREEN, KY 42103-1546 US

Mailing Address
 1704 SINGLE TREE WAY
 BOWLING GREEN, KY 42103-1546 US



01162006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-2964667	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EVDEMON, LAURA
 10563 GREENCREST DR
 TAMPA, FL 33626

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000397212
 01/30/06-80040-020 150.00

OFFICERS AND DIRECTORS

OFFICER	P	WATSON, ROBERT L
HOME ADDRESS		1704 SINGLETREE WAY
CITY-STATE-ZIP		BOWLING GREEN, KY. 421031546
OFFICER	S	TALYOR, JOAN
HOME ADDRESS		1704 SINGLETREE WAY
CITY-STATE-ZIP		BOWLING GREEN, KY
OFFICER		
HOME ADDRESS		
CITY-STATE-ZIP		
OFFICER		
HOME ADDRESS		
CITY-STATE-ZIP		
OFFICER		
HOME ADDRESS		
CITY-STATE-ZIP		

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. Watson 1/17/06 270 842-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #