I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execut		
above, or on an attachment with all other like empowered.		
SIGNATURE ROBERT L WATSON	PRESIDENT	04/19/2018

SIGNATURE: ROBERT L WATSON

I

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# L03395

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

#### **Current Principal Place of Business:**

1704 SINGLE TREE WAY BOWLING GREEN, KY 42103-1546

# **Current Mailing Address:**

**1704 SINGLE TREE WAY** BOWLING GREEN. KY 42103-1546 US

# FEI Number: 59-2964667

# Name and Address of Current Registered Agent:

EVDEMON, LAURA 10563 GREENCREST DR TAMPA, FL 33626 US

Certificate of Status Desired: No

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:

	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	S	
Name	WATSON, ROBERT L	Name	TAYLOR, JOAN	
Address	1704 SINGLETREE WAY	Address	1704 SINGLETREE WAY	
City-State-Zip:	BOWLING GREEN KY 42103-1546	City-State-Zip:	BOWING GREEN KY	

Date