I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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		
above, or on an attachment with all other like empowered.		
SIGNATURE: ROBERT WATSON MD PA	PRESIDENT	03/16/2020

SIGNATURE: ROBERT WATSON MD PA

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 1704 SINGLE TREE WAY

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

BOWLING GREEN, KY 42103-1546

Current Mailing Address:

DOCUMENT# L03395

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

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:

Name WATSON, ROBERT L Name TAYLOR, JOAN Address **1704 SINGLETREE WAY** Address **1704 SINGLETREE WAY** City-State-Zip: BOWING GREEN KY City-State-Zip: BOWLING GREEN KY 42103-1546

Certificate of Status Desired: No

FILED Mar 16, 2020 Secretary of State 3805210201CC

Date

Date

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent **Officer/Director Detail :** Р Title Title S