

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90135 007 ****70.00

DOCUMENT # 712735

1. Entity Name
WATSON CENTER, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 6925 112 CIR N S103 LARGO FL 33773 US | 6925 112 CIR N S103 LARGO FL 33773 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|-------------------------------------|--------------------------------|----------------|
| 4. FEI Number | 23-7042938 | Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| TIFFIN, JAY 5 DESOTO PL BELEAIR FL 34816 | Name Dr. Mark Sarno |
| | Street Address (P.O. Box Number is Not Acceptable) 8657 Longwood Drive |
| | City Largo |
| | State FL |
| | Zip Code 33777-1310 |

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: DR. MARK SARNO, TREAS. 3/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|--|--|
| TITLE SD NAME HOLDREN, EVELYN STREET ADDRESS 701 POINSETTIA ROAD, #136 CITY-ST-ZIP BELLEAIR FL 33756 | <input checked="" type="checkbox"/> Delete | TITLE S NAME Lamb, Michael STREET ADDRESS 2240 Belleair Rd - Ste 145 CITY-ST-ZIP Clearwater, FL 33764 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE 2VC NAME SARNO, MARK DR. STREET ADDRESS 8657 LONGWOOD DRIVE CITY-ST-ZIP LARGO FL 33777 | <input type="checkbox"/> Delete | TITLE 2VC/T NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME TIFFIN, JAY STREET ADDRESS 5 DESOTO PL CITY-ST-ZIP BELLEAIR FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME NORDLINGER STERN, DUKE DR STREET ADDRESS 385 BAYVIEW DR NE CITY-ST-ZIP ST PETERSBERG FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE 1V/ NAME ARMES, STACY STREET ADDRESS 100 SECOND AVE SOUTH CITY-ST-ZIP SAINT PETERSBURG FL 33701 | <input type="checkbox"/> Delete | TITLE COB NAME Ames, Stacy STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE COB NAME COMSTOCK, CHRIS STREET ADDRESS 1951 MICHIGAN AVENUE, NE CITY-ST-ZIP ST PETERSBURG FL | <input checked="" type="checkbox"/> Delete | TITLE 2VC NAME Follo, Tammy STREET ADDRESS 2874 Westcott Drive CITY-ST-ZIP Palm Harbor, FL 34684 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: DR. MARK SARNO, TREAS. 3/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)